FEC FORM 3X

#### 06/02/2016 17:30

PAGE 1 / 124

# **REPORT OF RECEIPTS** AND DISBURSEMENTS For Other Than An Authorized Committee

								Office Us	e Only	
1.	NAME OF COMMITTEE (in full		e or print ▼		mple: If typir r the lines.	ng, type	12FE41	M5		
S	ecurity Is Streng	gth PAC								1
	DRESS (number and s		Peninsula Drive							
	Check if differe	nt 🗌								
	than previously reported. (ACC)	)	lilton Head Island				SC	29926	–	
2.	FEC IDENTIFICAT	ION NUMB	ER 🔻	CITY 🔺		ę	STATE 🔺		ZIP COD	E
	C C00573733			3. IS THIS REPORT		NEW N) <b>OR</b>	$\sim$	AMENDED (A)		
4.	TYPE OF REPO (Choose One)	RT (	b) Monthly Report	Feb 20 (M2)		May 20 (M5)	A	ug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Report	s:	Due On:	Mar 20 (M3)	• •	Jun 20 (M6)	S	ep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 20 (M4)		Jul 20 (M7)	C	Oct 20 (M10)		Jan 31 (YE)
	Quarterly R	eport (Q1)	(c) 12-Day		Primary (12F	?)	Gener	ral (12G)		Runoff (12R)
	July 15 Quarterly R	eport (Q2)	PRE-Election Report for the		Convention (	(12C)	Specia	al (12S)		
	October 15 Quarterly R	eport (Q3)								
	X January 31 Year-End R	eport (YE)	E	lection on	M M /	D D /	YYYY	Y	in the State of	
	July 31 Mid Report (Nor Year Only)	n-election	(d) 30-Day <b>POST</b> -Electi		General (300	G)	Runof	ff (30R)		Special (30S)
	Termination (TER)	Report	Report for the	ne:	M M /	D D /	Y Y Y	Y	in the	
			E	lection on	L.				State of	
5.	Covering Period	07		015	through	M M 12	/ D D 31	/ Y Y 201	y y 5	
l ce	rtify that I have exan	nined this Ro	eport and to the be	est of my know	wledge and I	belief it is tru	e, correct	and complet	e.	
Тур	e or Print Name of T	reasurer V	/illiam L. Bethea Jr.							
Sigr	nature of Treasurer	William L.	Bethea Jr.		[Electronically	y Filed] D	ate 06	6 / D 02	D /	2016
NOT	E: Submission of fals	e, erroneous,	or incomplete inform	mation may su	bject the pers	son signing th	is Report t	o the penaltie	es of 2 U	S.C. §437g.
- -	Office Use								FORI ev. 12/20	
	Only									

	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
	Security Is Strength PAC		
_		07 01 / Y Y Y Y 2015 Te	o: 12 / D D / Y Y Y Y 12 31 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		0.00
	(b) Cash on Hand at Beginning of Reporting Period	2746393.22	
	(c) Total Receipts (from Line 19)	1299682.33	4197117.33
	<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	4046075.55	4197117.33
7.	Total Disbursements (from Line 31)	3795477.49	3946519.27
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	250598.06	250598.06
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	9990.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Security Is Strength PAC

Report Covering the Period: From: 07	/ D D / Y Y Y Y 01 2015 To:	12 / D D / Y Y Y 12 31 2015	
I. Receipts	I. Receipts COLUMN A Total This Period		
. Contributions (other than loans) From:			
(a) Individuals/Persons Other			
Than Political Committees (i) Itemized (use Schedule A)	1241716.33	3938391.33	
(ii) Unitemized	466.00	1226.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	1242182.33	3939617.33	
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00	
<ul><li>(c) Other Pointcal Committees</li><li>(such as PACs)</li><li>(d) Total Contributions (add Lines</li></ul>	57500.00	257500.00	
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1299682.33	4197117.33	
2. Transfers From Affiliated/Other Party Committees	0.00	0.00	
8. All Loans Received	0.00	0.00	
. Loan Repayments Received	0.00	0.00	
5. Offsets To Operating Expenditures			
(Refunds, Rebates, etc.)	0.00		
(Carry Totals to Line 37, page 5)	0.00	0.00	
. Refunds of Contributions Made			
to Federal Candidates and Other	0.00		
Political Committees	0.00	0.00	
<ul> <li>Other Federal Receipts</li> <li>(Dividends, Interest, etc.)</li> </ul>	0.00	0.00	
<ul> <li>a) Non-Federal Account</li> </ul>	0.00		
(from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))►	1299682.33	4197117.33	
). Total Federal Receipts (subtract Line 18(c) from Line 19)	1299682.33	4197117.33	

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4		
II. Disbursements	COLUMN A Total This Period	COLUMN B		
I. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date		
(i) Federal Share	0.00	0.0		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	302566.79	415889.1		
(c) Total Operating Expenditures	302566.79	415889.1		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party		7 7		
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	3466896.70	3504396.70		
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	25000.00	25000.00		
	0.00	0.00		
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>				
(such as PACs)	0.00	0.0		
(d) Total Contribution Refunds	25000.00			
(add Lines 28(a), (b), and (c))►	23000.00	25000.00		
Other Disbursements	1014.00	1233.38		
<ul><li>Federal Election Activity (2 U.S.C. §431(20))</li><li>(a) Allocated Federal Election Activity (from Schedule H6)</li></ul>				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3795477.49	3946519.2		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	3795477.49	3946519.27		

L

#### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures			
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	1299682.33	, 4197117.33	
<ul> <li>Total Contribution Refunds</li> <li>(from Line 28(d))</li> </ul>	25000.00	25000.00	
<ul> <li>Net Contributions (other than loans)</li> <li>(subtract Line 34 from Line 33)</li> </ul>	1274682.33	4172117.33	
add Line 21(a)(i) and Line 21(b))►	302566.79	415889.19	
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
. Net Operating Expenditures (subtract Line 37 from Line 36)	302566.79	415889.19	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE       6       OF       124         (check only one)       I1a       11b       11c       12
	y information copied from such Reports and S for commercial purposes, other than using the			13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Security Is Strength PAC			
Α.	Full Name (Last, First, Middle Initial) Access Industries, Inc. Mailing Address 730 Fifth Avenue			Date of Receipt
	City	State	Zip Code	10 07 2015 Transaction ID : SA11AI.4700
	New York	NY	10019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300000.00
	Name of Employer	Occupation		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800000.00	]
В.	Full Name (Last, First, Middle Initial) Avenue Ventures			Date of Receipt
	Mailing Address 10166 Rush Street			09 14 2015
	City	State	Zip Code	Transaction ID : SA11AI.4692
	South El Monte	CA	91733	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25000.00
	Name of Employer	Occupation		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 25000.00	]
<u> </u>	Full Name (Last, First, Middle Initial) Kenneth Bialkin			Date of Receipt
-	Mailing Address 4 Times Square			10 13 2015
	City New York	State NY	Zip Code 10036	Transaction ID : SA11AI.4701 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		5000.00
	Name of Employer	Occupation	l	Memo Item
	Skadden Arps	Counsel		Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		10000.00	]
s	UBTOTAL of Receipts This Page (optional)			330000.00

	Г								7
TOTAL This Period (last page this line number only)	L	 _	- 7	_	_	7	_	_	4

SCHEDULE A (FE		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         7         OF         124           (check only one)				
Any information copied from or for commercial purposes,	such Reports and Statements ma other than using the name and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE ( Security Is Streng							
A. Jeff T. Blau Mailing Address 200 East			Date of Receipt				
Apt. 1617			12 11 2015				
City	State	Zip Code	Transaction ID : SA11AI.4768				
New York	NY	10128	Amount of Each Receipt this Period				
FEC ID number of contrib federal political committee	ů.		12500.00				
Name of Employer	Occupation	l	Memo Item				
Related Companies	CEO		Contribution				
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) ▼	eneral	12500.00	]				
Full Name (Last, First, Mic	ddle Initial)						
B. Douglas G. Brown			Date of Receipt				
Mailing Address 1402 Stor			08 21 2015				
City	State	Zip Code	Transaction ID : SA11AI.4679				
Shelby	NC	28150	Amount of Each Receipt this Period				
FEC ID number of contrib federal political committee	ů.		5000.00				
Name of Employer RST	Occupation Owner	1	Contribution				
Receipt For: Primary Ge Other (specify) ▼	eneral Aggregate	Year-to-Date ▼ 7500.00	1				
Full Name (Last, First, Mid C. John T. Cahill	ddle Initial)		Date of Receipt				
Mailing Address 2 Ladson	Street		07 01 Y Y Y Y Y 07 01 2015				
City	State	Zip Code	Transaction ID : SA11AI.4660				
Charleston	SC	29401	Amount of Each Receipt this Period				
FEC ID number of contrib federal political committee	ů.		10000.00				
Name of Employer	Occupation	1	Memo Item				
Kraft Foods Group, Inc.	Business		Contribution				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary Ge	eneral		1				
Other (specify)		10000.00	1				
SUBTOTAL of Receipts This	s Page (optional)		27500.00				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         8         OF         124           (check only one)         I1a         11b         11c         12           13         14         15         16         17			
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any personance and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Security Is Strength PAC					
A. John T. Chambers Mailing Address 3230 Alexis Dr.	T. Chambers				
City Palo Alto	State Zip Code CA 94304	09 21 2015 Transaction ID : SA11AI.4694			
FEC ID number of contributing federal political committee.	C 94304	Amount of Each Receipt this Period			
Name of Employer Cisco Receipt For:	Occupation Executive Chairman	Contribution			
Primary General Other (specify)	Aggregate Year-to-Date ▼ 25000.00				
Full Name (Last, First, Middle Initial)         Circle Creek Holdings, LLC         Mailing Address PO Box 27329		Date of Receipt			
City Greenville	StateZip CodeSC29616	09     09     2015       Transaction ID : SA11AI.4690       Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee. Name of Employer	Occupation	25000.00			
Receipt For:	Aggregate Year-to-Date ▼	Contribution			
Other (specify)	25000.00				
C. Full Name (Last, First, Middle Initial) Mailing Address 560 Village Blvd., Ste. 120		Date of Receipt			
City West Palm Beach	State Zip Code FL 33409	07     28     2015       Transaction ID : SA11AI.4671       Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	7500.00			
Name of Employer	Occupation	Contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 7500.00				
SUBTOTAL of Receipts This Page (optional)		57500.00			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         9         0F         124           (check only one)         I1a         11b         11c         12           13         14         15         16         17				
	y information copied from such Reports and S for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) Security Is Strength PAC							
Α.	Full Name (Last, First, Middle Initial) Judith Eisenberg Mailing Address 12 East 49th Street	h Eisenberg						
	City	State	Zip Code	12 18 2015 Transaction ID : SA11AI.4772				
	New York	NY	10017	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		3333.33				
	Name of Employer	Occupation		— Memo Item				
	Retired	Retired		Contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3333.33					
в.	Full Name (Last, First, Middle Initial) Jay W. Faison			Date of Receipt				
	Mailing Address 1355 Greenwood Cliff Suite 301			11 09 _2015 _				
	City	State	Zip Code	Transaction ID : SA11AI.4710				
	Charlotte	NC	28204	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		20000.00				
	Name of Employer ClearPath Foundation	Occupation Founder & I	Managing Partner	Contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 120000.00					
с.				Date of Receipt				
	Mailing Address 220 Sandringham Rd.			07 01 2015				
	City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.4659           Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		1000.00				
	Name of Employer	Occupation		Memo Item				
	Flaum Management Company	Real Estate	e Ownder, Developer, Mgr.	Contribution				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		1000.00					
s	UBTOTAL of Receipts This Page (optional)			24333.33				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         10         OF         124           (check only one)
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Security Is Strength PAC			
Α.	Full Name (Last, First, Middle Initial) Joe T. Ford Mailing Address 900 S. Shackleford			Date of Receipt
	Ste. 200			07 27 _ 2015 _
	City	State	Zip Code	Transaction ID : SA11AI.4670
	Little Rock	AR	72211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25000.00
	Name of Employer	Occupation	1	Memo Item
	Westrock Group, LLC	Chairman		Contribution
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Other (specify)		25000.00	]
в.	Full Name (Last, First, Middle Initial) Freedom Frontier			Date of Receipt
	Mailing Address 2101 Cedar Springs Rd. Suite 1050			11 25 2015
	City	State TX	Zip Code	Transaction ID : SA11AI.4714
	Dallas	1	75201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250000.00
	Name of Employer	Occupation	1	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250000.00	]
<u> </u>	Full Name (Last, First, Middle Initial) Barry Friedberg			Date of Receipt
	Mailing Address 134 East 71st St.			12 07 2015
	City New York	State NY	Zip Code 10021	Transaction ID : SA11AI.4765 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		5000.00
	Name of Employer	Occupation	1	Memo Item
	FriedbergMilstein	Finance		Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		5000.00	]
s	UBTOTAL of Receipts This Page (optional)			280000.00

		,			
TOTAL This Period (last page this line number only)					 

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         11         OF         124           (check only one)         I1a         11b         11c         12           I1a         11b         11c         12           I3         14         15         16         17			
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) Security Is Strength PAC						
Α.	Full Name (Last, First, Middle Initial) Martin Gross Mailing Address 1 Sandalwood Drive	rtin Gross					
	City Livingston	State NJ	Zip Code 07039	10     05     2015       Transaction ID : SA11AI.4697       Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		5000.00			
	Name of Employer Sandalwood Securities	Occupation Founder		Contribution			
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 5000.00	]			
в.	Full Name (Last, First, Middle Initial) Van D. Hipp Jr.	Date of Receipt					
	Mailing Address 809 North Quaker Lane	Zip Code	09 / 28 / 2015 Transaction ID : SA11AI.4696				
	Alexandria FEC ID number of contributing federal political committee.	VA	22302	Amount of Each Receipt this Period 5000.00			
	Name of Employer American Defense Int. Inc.	Occupation Chairman		Contribution			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00				
с.				Date of Receipt			
	Mailing Address 4500 E. Dixon Blvd.	State	Zip Code	08 21 2015			
	City Shelby	NC	28150	Transaction ID : SA11AI.4678           Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		5000.00			
	Name of Employer	Occupation		Contribution			
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 17700.00				
s	UBTOTAL of Receipts This Page (optional)			15000.00			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         12         OF         124           (check only one)         I1a         11b         11c         12           I         11a         11b         11c         12           I3         14         15         16         17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements mana	ay not be sold or used by any po ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Security Is Strength PAC			
Α.	Full Name (Last, First, Middle Initial) James M. Rose Sr. LLC Mailing Address 4500 E. Dixon Blvd.			Date of Receipt
	City	State	Zip Code	08 21 2015
	Shelby	NC	28150	Transaction ID : SA11AI.4680 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		5000.00
	Name of Employer	Occupation		Contribution
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 22700.00	
В.	Full Name (Last, First, Middle Initial) Peter S. Kalikow	Date of Receipt		
	Mailing Address 101 Park Ave., 25th Floor	08 12 _2015 _		
	City	State	Zip Code	Transaction ID : SA11AI.4674
	New York	NY	10178	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83800.00
	Name of Employer H.J. Kalikow & Co., LLC	Occupation President		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 83800.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) George Klein			Date of Receipt
	Mailing Address 535 Madison Ave.			10 29 2015
	City New York	State NY	Zip Code 10022	Transaction ID : SA11AI.4707 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10000.00
	Name of Employer	Occupation	l	Contribution
	Park Tower Group	Executive		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 10000.00	
s	UBTOTAL of Receipts This Page (optional)		A)	98800.00

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         13         OF         124           (check only one)		
Any information copied from such Reports and or for commercial purposes, other than using the		person for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Security Is Strength PAC				
Full Name (Last, First, Middle Initial) A. MH Media, LLC	Date of Receipt			
Mailing Address 282 35th Street	M M / D D / Y Y Y Y Y 10 02 2015			
City Avalon	State Zip Code NJ 08202	Transaction ID : SA11AI.5058 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	15083.00		
Name of Employer	Occupation	In-kind contributionsee Schedule E entry of same		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 15083.00	]		
Full Name (Last, First, Middle Initial) 3. Steven W. Naifeh	Full Name (Last, First, Middle Initial) . Steven W. Naifeh			
Mailing Address 129 First Ave. SW		Date of Receipt		
City Aiken	State Zip Code SC 29801	Transaction ID : SA11AI.4713		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
Name of Employer Best Lawyers LLC	Occupation CEO	Contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	]		
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address 35 East 62nd Street		12 15 _2015 _		
City New York	StateZip CodeNY10065	Transaction ID : SA11AI.4769           Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	100000.00			
Name of Employer MacAndrews & Forbes	Contribution			
Receipt For: Primary General Other (specify) ▼	Owner, Chairman, CEO       Aggregate Year-to-Date ▼       600000.00	]		
SUBTOTAL of Receipts This Page (optional)		120083.00		

7 7 7 7

TOTAL This Period (last page this line number only).....

	aye# 201000029017403243															
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)			FOR LINE NUMBER: PAGE 14 OF 124 (check only one)											
	EIVIIZED RECEIPIS		for each category of the Detailed Summary Page		11a		11b	11c	12							
					13		14	15	16	17						
	y information copied from such Reports and for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full) Security Is Strength PAC															
Α.	Full Name (Last, First, Middle Initial) Reagan Reaud			Da	ate of	Re	ceipt									
	Mailing Address 98 San Jacinto Blvd.				и м 10	/	30	) / Y	2015	Y						
	City	State	Zip Code	Transaction ID : SA11AI.4708												
	Austin	TX	78701					Receipt th								
	FEC ID number of contributing federal political committee.	С					7		10000.0	0						
	Name of Employer	Occupation	า	- L	Mer	mo l	tem									
	Reaud & Associates	Attorney		Cor	ntribut	tion										
	Receipt For:	1 -	Vear to Date 💌	_												
	Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)		35000.00													
В.	Full Name (Last, First, Middle Initial) J. Christopher Reyes Mailing Address 777 S. Flagler Dr., Suite 150	0			ate of	Re	ceipt	) / Y	YY	Y						
	Phillips Point West Tower				12		15		2015							
	City	State	Zip Code	Transaction ID : SA11AI.4770					770	_						
	West Palm Beach	FL	33401	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	C				5000.00										
	Name of Employer	Occupation	า	- 0	Mei	mo l	tem									
	Reyes Holdings, LLC	Executive		Cor	ntribut	ion										
	Receipt For:	1		_												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00													
<u></u> с.	Full Name (Last, First, Middle Initial) M. Jude Reyes			Da	ate of	Re	ceipt									
	Mailing Address 777 S. Flagler Drive Suite 1500				и м 12	/	15		2015	Y						
	City	State	Zip Code		Trans	act	ion ID :	SA11AL	4771							
	West Palm Beach	FL	33401	Ar	nount	of	Each F	Receipt th	is Period							
	FEC ID number of contributing federal political committee.	s and the second s						5000.00								
	Name of Employer	Occupation	n	- L			tem									
	Reves Holdings, LLC	Executive		Co	ntribu	tion										
	Receipt For:		Year-to-Date ▼	_												
	Primary General Other (specify) ▼	Aggregate	5000.00													

SUBTOTAL of Receipts This Page (optional)	•			7		7	2000	00.00	0	
TOTAL This Period (last page this line number only)	•	Γ		-		-				

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         15         OF         124           (check only one)         I1a         11b         11c         12           13         14         15         16         17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Security Is Strength PAC			
Α.	Full Name (Last, First, Middle Initial) William G. Rosenberg			Date of Receipt
	Mailing Address 508 Queensferry Rd.	State	Zip Code	10 05 2015 Transaction ID : SA11AI.4698
	Cary	NY	27511	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	Memo Item
	E3 Gasification, LLC	President		Contribution
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 10000.00	
В.	Full Name (Last, First, Middle Initial) Stephen M. Ross			Date of Receipt
	Mailing Address 25 Columbus Circle, PH 80			12 11 2015
	City New York	State NY	Zip Code 10019	Transaction ID : SA11AI.4767 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		12500.00
	Name of Employer Related Companies	Occupation Chairman		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 12500.00	
с.	Full Name (Last, First, Middle Initial) SC Conservative Action Alliance			Date of Receipt
	Mailing Address 141-F Pelham Drive Suite 289			09 21 Y Y Y Y Y 2015
	City Columbia	State SC	Zip Code 29209	Transaction ID : SA11AI.4695 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		140000.00
	Name of Employer	Occupation		Contribution
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 140000.00	]
s	UBTOTAL of Receipts This Page (optional)			162500.00

CHEDULE A (FEC Form 3)	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         16         OF         1           (check only one)         Image: Check only one in the image: Check one in the iman
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ron and Vicki Simms Mailing Address 9320 Wilshire Blvd. #300			Date of Receipt
City Beverly Hills	State CA	Zip Code 90212	Transaction ID : SA11AI.4673           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Simms, Inv. Receipt For: ☐ Primary			18000.00 Memo Item Contribution
Full Name (Last, First, Middle Initial)         Harry E. Sloan         Mailing Address 21600 Oxnard St.         Suite 500         City         Woodland Hills         FEC ID number of contributing federal political committee.         Name of Employer         Global Eagle Acquisition Corp         Receipt For:         Primary       General         Other (specify) ▼	State CA C Occupation Business Pr Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) Shannon Smith Mailing Address 727 Colville Rd.			Date of Receipt 07 03 _2015 _

City Charlotte	State Zip Code NC 28207	Transaction ID : SA11AI.4662							
FEC ID number of contributing federal political committee. Name of Employer Abundant Power Receipt For: Primary General Other (specify) ▼	C Occupation Clean Energy Aggregate Year-to-Date ▼ 7500.00	Amount of Each Receipt this Period 7500.00 Memo Item Contribution							
SUBTOTAL of Receipts This Page (optional)	50500.00								
OTAL This Period (last page this line number only)									

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         17         OF         124           (check only one)         I1a         11b         11c         12           13         14         15         16         17						
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full) Security Is Strength PAC									
Α.	Full Name (Last, First, Middle Initial) J. Ronald Terwilliger			Date of Receipt						
	Mailing Address 1 Osprey Lane	12 11 2015								
	City	State FL	Zip Code 33037	Transaction ID : SA11AI.4766						
	Key Largo	FL	33037	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		10000.00						
	Name of Employer	Occupation	1	Memo Item						
	Retired	Retired		Contribution						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify)		10000.00	1						
В.	Full Name (Last, First, Middle Initial) Walden Industrial Capital LLC	Date of Receipt								
	Mailing Address 16830 Ventura Blvd.	M = M / D = D / Y = Y = Y								
	Suite 400	State	Zip Code	07 24 2015						
	City Encino	CA	21p Code 91436	Transaction ID : SA11AI.4665 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		5000.00						
	Name of Employer	Occupation		Contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) Robert J. Zinngrabe			Date of Receipt						
	Mailing Address 4100 MacArthur Blvd. Suite 310			M M / D D / Y Y Y Y 11 02 2015						
	City Newport Beach	State CA	Zip Code 92660	Transaction ID : SA11AI.4709 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		500.00						
	Name of Employer	Occupation	1	Memo Item						
	Zinn Group	President		Contribution						
	Receipt For:         Primary       General         Other (specify)	Aggregate	Year-to-Date ▼ 500.00							
	<b>UBTOTAL</b> of Receipts This Page (optional)			15500.00						

SUBTOTAL of Receipts This Page (optional)	L			7		7	1	550	0.0
TOTAL This Period (last page this line number only)	_	-	-	7		7			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         18         OF         124           (check only one)         I1a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Security Is Strength PAC			
Α.	Full Name (Last, First, Middle Initial) Anita Zucker	Date of Receipt		
	Mailing Address 16 Buckingham Drive	Zip Code	10 05 2015 Transaction ID : SA11AI.4699	
	Charleston	SC	29407	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40000.00
	Name of Employer	Occupation	1	
	Intertech Group, Inc.	Chairman 8	CEO	Contribution
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 40000.00	
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address			
	City	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
C.	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	Memo Item
	Receipt For: Primary General Other (specify)		Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			40000.00

. . . 1241716.33 TOTAL This Period (last page this line number only)...... 

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 19 OF 124       (check only one)     11a       11a     11b       X     11c
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Security Is Strength PAC			
Full Name (Last, First, Middle Initial) A. Advance America Cash Advance Cert Mailing Address 135 N. Church Street City Spartanburg FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State SC C C00 Occupation	AC Zip Code 29306 0429001 Year-to-Date ▼ 2500.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Chicago Bridge & Iron Co. Political         Mailing Address 1050 K Street, NW         Suite 620         City         Washington         FEC ID number of contributing         federal political committee.         Name of Employer         Receipt For:         Primary       General         Other (specify) ▼	State DC C C00 Occupation	Zip Code 20001 104885	Date of Receipt
Full Name (Last, First, Middle Initial)         The Boeing Company Political Active         Mailing Address       929 Long Bridge Drive         City         Arlington         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For:         Primary       General Other (specify) ▼	State VA C Coc Occupation	nittee Zip Code 22202 0142711 Year-to-Date ▼ 50000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			57500.00

		B (FEC Form	-		arate schedule(s)			LINE N		R:			PAG	GE 20	OF 124
ITE	MIZED DI	SBURSEMEN	ſS	for each	category of the Summary Page	(0		k only 21b 27	one) 22 28		23 28b	F	24 28c	25	26 30b
		vied from such Reportury urposes, other than u													
		MITTEE (In Full) Strength PAC													
	•	First, Middle Initial) Fundraising L	LC							of D	isburs	em		Y Y	Y
Μ	lailing Address	3300 Bee Caves Roa	d #650-1151							7		02		2015	
А	ity ustin urpose of Disbu	irsement	S	State TX	Zip Code 78746				Tra	insac	tion II	<b>D</b> :	SB21B.4	4682	
٦	Travel and office	e expense reimbursem	ient			C	002		Amo	unt o	f Each	۱D	isbursen	nent this	Period
	andidate Name					Cat T	egoı İype				7		7	891	6.72
	ffice Sought:	House Senate President		nent For: Primary Other (spe	General cify) ▼					Memo	ltem				
F	<sup>tate:</sup> ull Name (Last, <b>donate Pro</b>	District: First, Middle Initial)							Date	of D	isburs	em	nent		
M	lailing Address	2033 San Elijo Ave. #	¢203						M C	6 M		04		2015	Y
С	ity ardiff by the Se		S	State CA	Zip Code 92007				Tra	ansad	tion II	D :	SB21B.	4682.0	
(	urpose of Disbu	reimbursement				(	002		Amo	unt o	f Each	ו D	isbursen	nent this	Period
	andidate Name		_			Cat T	egoı ype				7	_		37	5.00
Ō	ffice Sought:	House Senate President		nent For: Primary Other (spe	General cify) ▼				×	Лето	ltem				
	tate:	District: First, Middle Initial)													
	Amtrak								Date		isburs	em		YY	Y
M	lailing Address	60 Massachusetts Av 4th Fl. West	e. NE						0			80		2015	
W	ity /ashington			State DC	Zip Code 20002				Tra	insac	tion II	D :	SB21B.	4682.1	
٦	urpose of Disbu Fravel expense andidate Name	reimbursement				Cat			Amo	unt o	f Each	ו D	)isbursen		Period 3.00
	ffice Sought: tate:	House Senate President District:		nent For: Primary Other (spe	General cify) ▼	T	ype		×	Летс	ltem				5.00
		bursements This Pag									1		7	891	6.72

### :97 A = G79 @ G5 B9CIG H9LH F9 @ 5 H98 HC 5 F9DCFH 2G7 < 98 I @ CF + H9A = N5 H= CB

Form/Schedule: SB21B Transaction ID : SB21B.4682

The remaining \$1,035.72 in expense reimbursements to Bluebonnet Fundraising were for payments to vendors which have not yet exceeded \$200 for the calendar year.

Form/Schedule: Transaction ID:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)					1:			PA	GE 22	2 OF 12
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1 ` -		21b 27	22 28a		23 28b		24 28c	2	
Any information copied from such Reports and State or for commercial purposes, other than using the nat											
NAME OF COMMITTEE (In Full) Security Is Strength PAC											
Full Name (Last, First, Middle Initial) A. Delta Air Lines Mailing Address P.O. Box 20706					Date of	_	D		ent	201	
City	State Zip Code GA 30320					sact		_	SB21B.	_	
Purpose of Disbursement Travel expense reimbursement		00	)2	٦	Amour	nt of	Each	Di	sburser	nent th	is Period
Candidate Name		Cate Ty	gor pe	y/			,			7	53.10
Office Sought: House Disburse Senate President District:	ment For: Primary General Other (specify) ▼				× Me	emol	ltem				
Full Name (Last, First, Middle Initial) B. Delta Air Lines					Date of		D	D	ent	201	
Mailing Address P.O. Box 20706	State Zip Code				06	_	_	11		201	
Atlanta Purpose of Disbursement Travel expense reimbursement	GA 30320	_	_	-					SB21B.		
Candidate Name		00 Categ Ty		y/	Amour	nt of	Each	Di	sburser		iis Period 43.10
Office Sought: House Disburse Senate President District:	ment For: Primary General Other (specify) V				× Me	emo l	tem				
Full Name (Last, First, Middle Initial) C. St. Regis Deer Valley					Date o				ent		
Mailing Address 2300 Deer Valley Drive East					<sup>M</sup> 06			1	/ Y	2018	
City Park City	StateZip CodeUT84060				Tran	sact	ion ID	): {	SB21B.	4682.4	
Purpose of Disbursement Travel expense reimbursement Candidate Name		00 Cate Ty	gor	y/	Amour	nt of	Each	Di	sburser		iis Period 62.90
Office Sought: House Disburse Senate President District:	ment For: Primary General Other (specify) ▼		<u>.</u>		× Me	emo l	tem				
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only					[]	-	7				0.00

	CHEDULE B (FEC Form 3X)			-		NUMBEF	{:		Р	AGE	23	OF 124
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(C		k only 21b	22		23	24		25	26
Ar	ny information copied from such Reports and State		sed by	any	27 perso	28a n for the	e pur	28b	280 of solicit		29 ontribu	30b itions
	for commercial purposes, other than using the na											
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)											
	Security Is Strength PAC											
_	Full Name (Last, First, Middle Initial)					Dete	-4 D:	aburaa	mont			
А.	St. Regis Deer Valley					Date		sburse		V	YY	V
	Mailing Address 2300 Deer Valley Drive East					06			5		2015	
	City	State Zip Code				Tran	sact	ion ID	: SB211	3.468	32.5	
	Park City Purpose of Disbursement	UT 84060										
	Travel expense reimbursement		C	002		Amou	nt of	Each	Disburs	emer	nt this	Period
	Candidate Name		Cat T	egor ype	ry/			,			64.	64
	Office Sought: House Disburs	ement For: Primary General				×M	emo	ltem				
	State: District:	Other (specify)										
	Full Name (Last, First, Middle Initial)											
В.	Amtrak					Date		sburse	ement	V	Y Y	Y
	Mailing Address 60 Massachusetts Ave. NE 4th Fl. West					06			6		2015	
	City Washington	StateZip CodeDC20002				Trar	sact	ion ID	: SB21	3.468	32.6	
	Purpose of Disbursement Travel expense reimbursement			002		Amou	at of	Each	Disburs	omor	at this	Pariod
	Candidate Name		Cat		ry/	Amou			DISDUIS		10.	_
	Office Sought: House Disburs Senate President	ement For: Primary General		<u>, , , , , , , , , , , , , , , , , , , </u>		×M			,			
_	State: District:	Other (specify)										
C.	Full Name (Last, First, Middle Initial) Annabelle Inn					Date	of Di	sburse	ement			
	Mailing Address 232 W. Main Street					06	/		6 /		2015	Y
	City Aspen	State Zip Code CO 81611				Trar	sact	ion ID	: SB21	3.468	32.7	
	Purpose of Disbursement		_	_	_							
	Travel expense reimbursement Candidate Name		Cat		ry/	Amou	nt of	Each	Disburs	emer		_
	Office Sought: House Disburs	ement For:	Т	ype				7			1024.	08
	Senate President	Primary General Other (specify) ▼				×M	emo	ltem				
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S	CHEDULE B (FEC Form 3X)			F	OR I	LINE N	IUN	BER	:			PA	GE	24	OF 12	24
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck	c only	-	e)		1 2 2	Г			7.05		De la
			Summary Page			21b 27	$\vdash$	22 28a	-	23 28b	┝	24 28c	$\vdash$	25 29		26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nam					perso		or the		pose		solicitir		ontribu		
$\left \right\rangle$	NAME OF COMMITTEE (In Full)															
/	Security Is Strength PAC															
Ľ	Full Name (Last, First, Middle Initial)															
Α.	United Airlines, Inc.						D	ate o	f Di	sburse	em	nent				
	Mailing Address PO Box 06649							06	/	D 1	16			015	Ŷ	
	City	State	Zip Code					Trans	acti	ion ID	<b>.</b> .	SB21B	169	20		
	Chicago	IL	60606					Trans	acu			30210	.400	2.0		
	Purpose of Disbursement Travel expense reimbursement			C	02		А	moun	t of	Each	D	isburse	men	t this	Period	
	Candidate Name			Cate	eaor	v/	i.				-			050	10	1
					ype	<i>J.</i>	Ŀ			7	-			852.	10	
	Office Sought: House Disburser	ment For: Primary	General				>	<b>x</b> Me	mo l	tem						
	President	Other (spec														
	State: District:															
_	Full Name (Last, First, Middle Initial)						_									
в.	United Airlines, Inc.							ate o	f Dis							
	Mailing Address PO Box 06649						1	м м 06			р 17			2015	Y	
	City S Chicago	State IL	Zip Code 60606					Trans	sact	ion IC	):	SB21B	.468	2.9		
	Purpose of Disbursement	16	00000	_	-											
	Travel expense reimbursement			C	002		A	moun	t of	Each	D	isburse	men	t this	Period	
	Candidate Name			Cate		у/	1				1			879.	10	٦.
	Office Sought: House Disburser	ment For:		Ľ	ype		. R	× Me		tem		7		_		
	Senate	Primary	General						110 1	icini						
	President	Other (spec	cify) 🔻													
	State: District:															
C.	Full Name (Last, First, Middle Initial) FedEx Office						D	ate o	f Dis	sburse	em	nent				
							i.	M M	/	D	D	1	Y Y	(Y	Y	
	Mailing Address 1512 14th St. NW						J.	06		2	24	1 6	2	015		
	City	State	Zip Code													
	Washington	DC	20005					Trans	sact	ion ID	):	SB21B	.468	2.10		
	Purpose of Disbursement Office expense reimbursement				00											
	Candidate Name				02		A	moun	t of	Each	D	isburse	men	t this	Period	
				Cate T	egor ype	y/								283.	46	L
	Office Sought: House Disburser						>	× Me	mo l	-						
	Senate President	Primary Other (spec	General													
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Г	1						T.	-		-			-		_	7
s	UBTOTAL of Disbursements This Page (optional)						I.			7		7		0.	00	
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11	OTAL This Period (last page this line number only)				•••••		1		1	7	-		1			

S	CHEDULE B (FEC Form 3X)			F	OR	LINE N	NUN	/BER:				PAG	GE	25	<b>DF</b>	124
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		hecl	k only		e)			_		_			
			Summary Page		×	21b 27		22 28a		23 28b		24 28c		25 29		26 30b
	y information copied from such Reports and State for commercial purposes, other than using the nar															;
$\backslash$	NAME OF COMMITTEE (In Full)															
	Security Is Strength PAC															
	Full Name (Last, First, Middle Initial)						-									
А.	San Mateo Marriott San Francisco	Airport						Date of		sourse		ent / Y	Y	Y	Y	
	Mailing Address 1770 S Amphlett Blvd.						1	06		2	5		20	)15		
	City San Mateo	State CA	Zip Code 94402					Trans	acti	ion ID	: S	B21B.	4682	2.11		
	Purpose of Disbursement Travel expense reimbursement			0	01				4	<b>F</b> aab		- <b>I</b>		Alo i o	Devie	
	Candidate Name				01		A	mouni	I OI	Each	DIS	sburser	nent	this	Perio	a
				Cate Ty	egor ype	ry/	l			7		- 7		335.	88	
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General cify) ▼				2	× Mer	no l	tem						
	State: District:		•													
в.	Full Name (Last, First, Middle Initial) United Airlines, Inc.						C	Date of	f Dis	sburse	eme	ent				
	Mailing Address PO Box 06649							м м 06	/	D 2	<sup>D</sup> 25	/ Y		)15	Y	
	Chicago	State IL	Zip Code 60606					Trans	act	ion ID	: 5	SB21B.	4682	2.14		
	Purpose of Disbursement Travel expense reimbursement				02		^	mount	• of	Each		sburser	nont	thio	Dorio	d
	Candidate Name			Cate		ry/	Ĩ	inoun		Lacii	Di	sbuisei	nem	549.		Ju
	Senate President	ment For: Primary Other (spec	General cify) ▼		, ,			X Mer	no li	tem						
_	State: District:															
C.	Full Name (Last, First, Middle Initial) United Airlines, Inc.						C	ate of	f Dis			_				
	Mailing Address PO Box 06649						l	06	/	2	6	/ Y		)15 )	Y	
	City Chicago	State IL	Zip Code 60606					Trans	act	ion ID	: 8	6B21B.	4682	2.15		
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	Full Name (Last, First, Middle Initial) United Airlines, Inc.						Date o	f Di	sburse	ement			
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в.	Full Name (Last, First, Middle Initial) Bluebonnet Fundraising LLC						Date o	f Dis	sburse	ment			
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Form/Schedule: SB21B Transaction ID : SB21B.4869

The remaining \$205.06 in expense reimbursements to Bluebonnet Fundraising were for payments to vendors which have not yet exceeded \$200 for the calendar year.

Form/Schedule: Transaction ID:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	-
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
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NAME OF COMMITTEE (In Full) Security Is Strength PAC			
Full Name (Last, First, Middle Initial) A. idonate Pro			Date of Disbursement
Mailing Address 2033 San Elijo Ave. #203			07 21 2015
City Cardiff by the Sea Purpose of Disbursement	State Zip Code CA 92007		Transaction ID : SB21B.4869.2
Office expense reimbursement		002	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	375.00
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		X Memo Item
Full Name (Last, First, Middle Initial)         B. Live Nation Worldwide, Inc.         Mailing Address       9348 Civic Center Drive			Date of Disbursement
City Beverly Hills	State Zip Code CA 90210		Transaction ID : SB21B.4869.3
Purpose of Disbursement Fundraiserentertainment		002	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2790.00
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) v		X Memo Item
State: District: Full Name (Last, First, Middle Initial)			
C. New York Marriot Marquis			Date of Disbursement
Mailing Address 1535 Broadway			07 20 Y Y Y Y Y 2015
City New York	StateZip CodeNY10036		Transaction ID : SB21B.4869.4
Purpose of Disbursement Travel/subsistence reimbursement Candidate Name		002 Category/	Amount of Each Disbursement this Period
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	City Phoenix		State AZ	Zip Code 85034				Trans	act	ion ID	: 5	SB21B.	4882	2.3						
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в.	Full Name (Last, First, Middle Bluebonnet Fundrai								Di			ent								
	Mailing Address 3300 Bee C	aves Road #650-1151							1		ement 28 2015 21 29 2015 21 2015 21 2015 2 20 20 20 20 20 20 20 20 20 20 20 20 2									
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SCHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)		NUMBER: PAGE 36 OF 124														
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NAME OF COMMITTEE (In Full) Security Is Strength PAC																		
Full Name (Last, First, Middle Initial) A. Jordan C. Bressler						C	Date o			sen		YY	Y	Ŷ				
Mailing Address 25 Cape May Pt.	_						08			03		_2	015					
5	State SC	Zip Code 27455				Transaction ID : SB21B.4990												
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Full Name (Last, First, Middle Initial) C. Why People Click						C	Date o	_			_							
Mailing Address 824 Raintree Ct.						08 / D D / Y Y Y Y 2015						Y						
5	State NC	Zip Code 27317				Transaction ID : SB21B.4986.0												
Media placement       Candidate Name	004 Category/ Type								Amount of Each Disbursement this Perio 7971.95									
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 37 OF 124															
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	/ one)															
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NAME OF COMMITTEE (In Full)																		
Security Is Strength PAC																		
Full Name (Last, First, Middle Initial) A. Jordan C. Bressler			Date of Disbursement															
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Mailing Address 25 Cape May Pt.			08 31 2015															
City Greensboro	StateZip CodeSC27455		Transaction ID : SB21B.4991															
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Office Sought: House Disburse	ment For:	Туре	Memo Item															
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State: District:																		
Full Name (Last, First, Middle Initial) B. Jordan C. Bressler			Date of Disbursement															
Mailing Address 25 Cape May Pt.			09 29 2015															
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City Greensboro	StateZip CodeSC27455		Transaction ID : SB21B.4992															
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Full Name (Last, First, Middle Initial) C. Jordan C. Bressler			Date of Disbursement															
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City Greensboro	StateZip CodeSC27455		Transaction ID : SB21B.4993															
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	Security Is Strength PAC														
Α.	Full Name (Last, First, Middle Initial) Jordan C. Bressler						D	Date o	f Di	sburs	em	nent			
	Mailing Address 25 Cape May Pt.							м м 12	/	D (	D 01			015	Y
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	Mailing Address 25 Cape May Pt.							<sup>M</sup> 12	1		р 14			2015	Y
	Greensboro	State SC	Zip Code 27455					Trans	sact	ion II	<b>D</b> :	SB21B	.499	5	
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C.	Hon. Norman Coleman Jr.						D	Date o	_		em		~ ~ ~	( Y	V
	Mailing Address 909 Osceola Ave.						ļ	07	Í		13			015	
	5	State MN	Zip Code 55105					Trans	sact	ion IC	<b>)</b> :	SB21B	.478	3	
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	Security Is Strength PAC														
Α.	Full Name (Last, First, Middle Initial) Delta Air Lines							Date of	f Dis	sburse	əm	nent			
	Mailing Address P.O. Box 20706						[	м м 06	/	2	25			015	Y
	City Atlanta	State GA	Zip Code 30320					Trans	acti	ion ID	):	SB21B	.478	3.0	
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	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General		ype		:	× Me	mo l	tem					
	State: District:	Other (spe	city) V												
В.	Full Name (Last, First, Middle Initial) MN Airlines LLC, dba Sun Country	/ Airlines	6				0	Date of	f Dis						
	Mailing Address 1300 Mendota Heights Road							м м 06	/	2	25			015	Y
	Mendota Heights	State MN	Zip Code 55120					Trans	act	ion ID	):	SB21B	.478	3.1	
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	Candidate Name			Cate		ry/				,				858.	_
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	State: District:	1													
C.	Full Name (Last, First, Middle Initial) DT Client Services						C	Date of	f Dis	sburse				Ý	V
	Mailing Address 735 8th Street SE							11			)9			015	
	Washington	State DC	Zip Code 20003					Trans	act	ion ID	):	SB21B	.499	8	
	Purpose of Disbursement List aquisition			0	04		A	Amoun	t of	Each	D	isburse	men	t this	Period
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\		MITTEE (In Full) Strength PAC														
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	iling Address	4260 Farr Ct.								12			4		2015	
	y ove City rpose of Disbu	ursement		State OH	Zip Code 43123				-	Frans	sact	ion ID	: SB21	3.499	99	
	ebsite service					0	04		A	noun	t of	Each	Disburs	emei	nt this	Period
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Ма	iling Address	6950 Greenvale St. N	100						Ľ	07	ĺ	0			2015	
	y ashington rpose of Disb	urcoment	:	State DC	Zip Code 20015				-	Trans	sact	tion ID	: SB21	3.47	39	
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) Security Is Strength PAC											
	Full Name (Last, First, Middle Initial)											
Α.	Andrew King					Date o	f Di				YY	
	Mailing Address 6950 Greenvale St. NW					07		0	2		2015	Y
	City Washington	StateZip CodeDC20015				Trans	act	ion ID	: SB21	B.47	40	
	Purpose of Disbursement Travel and office expense reimbursement		0	02		Amoun	t of	Each	Disburs	eme	nt this	Period
	Candidate Name	1	Cate Ty	egor /pe	y/			,	. ,		4775	.16
	Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify) ▼				Me		tem				
	State: District:											
B.	Full Name (Last, First, Middle Initial) American Airlines					Date o	f Di					
	Mailing Address 4333 Amon Carter Boulevard MD 5675					06	<i>'</i>		D / 6		2015	Y
	City Fort Worth	StateZip CodeTX76155				Trans	sact	ion ID	: SB21	B.47	40.0	
	Purpose of Disbursement Travel expense reimbursement		0	02		Amoun	t of	Each	Disburs	eme	nt this	Period
	Candidate Name	1	Cate Ty	egor /pe	y/			,			667	.60
	Office Sought: House Disbu	sement For: Primary General Other (specify)				× Me	no l	tem				
	State: District:											
C.	Full Name (Last, First, Middle Initial) United Airlines, Inc.					Date o	f Di					
	Mailing Address PO Box 06649					06	/		D / 7		2015	Y
	City Chicago	State Zip Code IL 60606				Trans	sact	ion ID	: SB21	B.47	40.1	
	Purpose of Disbursement Travel expense reimbursement		0	02		Amoun	t of	Each	Disburs	omo	nt thic	Pariod
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	Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify) ▼				× Me	mo l	tem				
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The remaining \$858.46 in expense reimbursements to Mr. King were for payments to vendors which have not yet exceeded \$200 for the calendar year.

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$ \rangle$	Security Is Strength PAC														
<u>A.</u>	Full Name (Last, First, Middle Initial) Verizon Wireless						0	Date of	f Di	sburs	en	nent			
	Mailing Address PO Box 4003						1	м м 06	/	D	18			015	Y
	City	State	Zip Code					_				_	_		
	Acworth	GA	30101					Trans	acti	ion II	<b>)</b> :	SB21B	.474	0.2	
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_	Full Name (Last, First, Middle Initial)							_							
в.	Expedia Inc.						1	Date of	t Dis	sburs			Y Y	( Y	Y
	Mailing Address 333 108th Ave. NE						l	06			24			2015	
	Bellevue	State WA	Zip Code 98004					Trans	act	ion II	D :	SB21B	.474	0.3	
	Purpose of Disbursement Travel expense reimbursement			C	02		А	Amoun	t of	Each	۱C	Disburse	men	it this	Period
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C.	Full Name (Last, First, Middle Initial)						۵	Date of	f Di	sburs	en	nent			
	Mailing Address 548 Market St. #68514							м м 06	/		24			015	Y
	City San Francisco	State CA	Zip Code 94104					Trans	act	ion II	D :	SB21B	.474	0.4	
	Purpose of Disbursement Travel expense reimbursement		34104	0	02						_				
	Candidate Name			Cate	egor	·y/	Α	Amoun	t of	Eacr	۱L	Disburse	men		.53
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	Mailing Address 548 Market St. #68514							06	/	2	25			015	Ŷ
	City San Francisco	StateZip CodeCA94104						Trans	act	ion ID	):	SB21E	8.474	0.5	
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B.	Full Name (Last, First, Middle Initial) Hotel Tonight						_	ate of	f Di	sburse	en		Y	Y	Y
	Mailing Address 901 Market St #310						ŀ	06	ĺ		27			2015	
	City San Francisco	StateZip CodeCA94103						Trans	sact	ion ID	):	SB21E	8.474	0.6	
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C.	Full Name (Last, First, Middle Initial) San Mateo Marriott San Francisc	o Airport						ate of	f Di	sburse	en	_		( Y	N/
	Mailing Address 1770 S Amphlett Blvd.						ŀ	06	,		27			015	
	City San Mateo	StateZip CodeCA94402						Trans	sact	ion ID	):	SB21E	8.474	0.7	
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	Full Name (Last, First, Middle Initial)							_							
Α.	Avis Rent a Car							Date o	f Di	sburs	em	nent			
	Mailing Address 6 Sylvan Way							0 <u>6</u>	/	2	28			015	Y
	City	State	Zip Code					Trong		ion IF	、.	SB21B	474	no	
	Parsippany	NJ	07054					Irans	aci		<i>.</i>	30210	.4740	0.0	
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_	Full Name (Last, First, Middle Initial)														
В.	Lyft						C	Date o	_				/	Y	V
	Mailing Address 548 Market St. #68514						l	м м 07			01			015	T
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C.	Full Name (Last, First, Middle Initial) Andrew King							Date o	f Di	sburse	em	nent			
	Mailing Address 6950 Greenvale St. NW							м м 08	/		D3			015	Y
	5	State	Zip Code					Trans	sact	ion IF	<u>.</u>	SB21B	.480	8	
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			LINE N k only			:			PA	GE	46 (	OF 124
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X			22 28a		23 28b		24 28c		25 29	26 30b
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NAME OF COMMITTEE (In Full) Security Is Strength PAC													
Full Name (Last, First, Middle Initial) A. Andrew King					_	ate o	_	sburs			Y	γΥ	Y
Mailing Address 6950 Greenvale St. NW						08		(	04		2	015	
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State:       District:         Full Name (Last, First, Middle Initial)         B. Lyft					_	ate o	f Di	sburs			Y	/ Y	Y
Mailing Address 548 Market St. #68514						07			09		2	2015	
City San Francisco	State Zip Code CA 94104				٦	rans	sact	tion II	<b>)</b> :	SB21B	.481	4.0	
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State:       District:         Full Name (Last, First, Middle Initial)         C. Lyft					_		_	sburs					
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City San Francisco Purpose of Disbursement	StateZip CodeCA94104				٦	rans	sact	tion II	<b>)</b> :	SB21B	.481	4.1	
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Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼				×	Me	mo l	ltem					
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only					Γ			7		- 7	-	1279.	

Form/Schedule: SB21B Transaction ID : SB21B.4814

The remaining \$344.10 in expense reimbursements to Mr. King were for payments to vendors which have not yet exceeded \$200 for the calendar year.

S	CHEDULE B (FEC Form 3X)			F	OR	LINE N	NUM	BER:				PA	GE	48 (	DF 124
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٨	Full Name (Last, First, Middle Initial)						П	ata of	Dia	sburse	m	ont			
А.	Lyft									D			V	Y	V
	Mailing Address 548 Market St. #68514						Ľ	07	ĺ	3				015	
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B	Full Name (Last, First, Middle Initial)						D	ate of	Die	sburse	me	nt			
υ.	United Airlines, Inc.						_			D			Y	Y	Y
	Mailing Address PO Box 06649						Ľ	07	Í		4			015	
	Chicago	State IL	Zip Code 60606					Trans	act	ion ID	: 5	SB21B.	4814	4.3	
	Purpose of Disbursement Travel exepnse reimbursement				002		۸,	mount	of	Each	Dia	sburser	nont	thic	Poriod
	Candidate Name			Cat	-			nouni	U	Lacii	Di	sbuisei	nem	345.	
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C.	United Airlines, Inc.						_	ate of	Dis	sburse		ent			
	Mailing Address PO Box 06649						Ľ	07	1	2	D 7	7 4		015	Ť
	City Chicago	State IL	Zip Code 60606					Trans	act	ion ID	: 8	SB21B.	4814	4.4	
	Purpose of Disbursement Travel exepnse reimbursement														
	Candidate Name			Cat	002 egoi	ry/	Ar	mount	of	Each	Dis	sburser	nent	this 200.	
	Office Sought: House Disburser	ment For:		1	ype		Ļ			7	-	- 7	-		
	Senate President	Primary Other (spec	General cify) ▼				Þ	<b>〈</b> Mer	no l	tem					
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	CHEDULE B (FEC Form 3X)	llee cons	arate schedule(s)		-	LINE N	-	R:			PAGE	49	OF 124
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(c		k only 21b 27	one) 22 28	a 🗌	23 28b	24	L	25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan												
$\square$	NAME OF COMMITTEE (In Full)												
	Security Is Strength PAC												
Α.	Full Name (Last, First, Middle Initial) Verizon Wireless						Date	of D	isburse	ement			
	Mailing Address PO Box 4003						м 0		D 1	D / 8		2015	Y
	City Second Seco	State GA	Zip Code 30101				Tra	nsac	tion ID	) : SB21	B.48	14.5	
	Purpose of Disbursement Office expense reimbursement			0	02		Amo	unt of	f Each	Disbur	seme	nt this	Period
	Candidate Name			Cate T	egor ype							235	.70
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General cify) ▼				×	1emo	ltem				
_	State: District:												
В.	Full Name (Last, First, Middle Initial) Andrew King								isburse				
	Mailing Address 6950 Greenvale St. NW						0			B1		2015	Y
	Washington	State DC	Zip Code 20015				Tra	nsac	tion ID	0 : SB21	B.48	09	
	Purpose of Disbursement General campaign consulting			C	001		Amo	unt of	f Each	Disbur	seme	nt this	Period
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C.	Andrew King						Date		isburse	ement	V	YY	V
	Mailing Address 6950 Greenvale St. NW						0			9		2015	
	Washington	State DC	Zip Code 20015				Tra	nsac	tion ID	) : SB21	B.48	21	
	Purpose of Disbursement Travel, subsistence, and office expense reimburser	nent		0	02		Amo	unt of	f Each	Disbur	seme	nt this	Period
	Candidate Name			Cate T	egor ype							1245	.26
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (spec	General cify) ▼				N	1emo	ltem				
	State: District:						-		-		_		_
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Form/Schedule: SB21B Transaction ID : SB21B.4821

The remaining \$306.39 in expense reimbursements to Mr. King were for payments to vendors which have not yet exceeded \$200 for the calendar year.

S	CHEDULE B (FEC Form 3X)			F	OR	LINE N	IUME	BER	:			PA	GE	51	OF 124
IT	EMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the	(c		k only 21b		22		23	Г	24		25	26
_		Detailed S	Summary Page			27		28a		28b	_	28c		29	30b
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	Security Is Strength PAC														
Α.	Full Name (Last, First, Middle Initial) Amtrak						Da	te o	f Di	sburs	em	nent			
	Mailing Address 60 Massachusetts Ave. NE 4th Fl. West						M	08	/	D	31			015	Y
	City S	State DC	Zip Code 20002				т	rans	act	ion IE	):	SB21B	.482	1.0	
	Purpose of Disbursement Travel expense reimbursement			C	02		Am	noun	t of	Each	n D	isburse	men	t this	Period
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		nent For: Primary Other (spec	General cify) ▼				×	Me	mo l	ltem					
в.	State:     District:       Full Name (Last, First, Middle Initial)       New York Marriot Marquis						Da	te o	f Di	sburs	en	nent			
	Mailing Address 1535 Broadway						M	09	1		03			015	Y
	New York	State NY	Zip Code 10036				Т	rans	sact	ion II	<b>)</b> :	SB21B	.482	1.1	
	Purpose of Disbursement Travel expense reimbursement				002		Δm	าดมาก	t of	Fach		)isburse	men	t this	Period
	Candidate Name			Cate		ry/		loun		1			inicii	349	
	President	nent For: Primary Other (spec	General Sify) ▼		<u> </u>		×	Me	no l	tem					
_	State: District: Full Name (Last, First, Middle Initial)														
C.	Verizon Wireless						_	te o	f Di	sburs	em			Ý	Y
	Mailing Address PO Box 4003							08	ĺ		18			015	
	Acworth	State GA	Zip Code 30101				т	rans	sact	ion II	<b>D</b> :	SB21B	.482	1.2	
	Purpose of Disbursement Office expense reimbursement Candidate Name				02		Am	noun	t of	Each	D	isburse	men	t this	Period
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		Detailed	Summary Page			27	$\vdash$	28a	$\vdash$	28b	$\left  \right $	28c	-	29	30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan														
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)														
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<u> </u>	Full Name (Last, First, Middle Initial)														
Α.	Andrew King							Date of	f Dis	sburs	en	nent			
	Mailing Address 6950 Greenvale St. NW							09	/	D	28			015	Y
	City	State	Zip Code					Tropo	act	ion II	<u>.</u>	SB21B	101	^	
	Washington	DC	20015					Trans	act		<i>.</i>	30210	.401	U	
	Purpose of Disbursement General campaign consulting			C	001		A	Amoun	t of	Each	ιC	Disburse	men	t this	Period
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					ype					7			1	8000	00
	Office Sought: House Disburser		Canaral					Me	mo l	tem					
	President	Primary Other (spec	General												
	State: District:	ether (oper	(iii)) <b>v</b>												
	Full Name (Last, First, Middle Initial)														
В.	Andrew King						C	Date of	f Di	sburs	en	nent			
	Mailing Address 6950 Greenvale St. NW						1	м м	/		28			2015	Y
	Maning Address 6950 Greenvale St. NW						1	03			20		2	.015	
	,	State	Zip Code					Trans	act	ion II	D :	SB21B	.482	5	
	Washington Purpose of Disbursement	DC	20015												
	Travel/subsistence reimbursement			C	002		A	Amoun	t of	Each	ιC	Disburse	men	t this	Period
	Candidate Name			Cate	egoi	ry/	1							1070	02
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	Office Sought: House Disburser	nent For: Primary	General				J.	Mer	no l	tem					
	President	Other (spec													
	State: District:		- <b>, ,</b>												
	Full Name (Last, First, Middle Initial)														
C.	Amtrak							Date of	f Di	sburs	en	nent			
	Mailing Address 60 Massachusetts Ave. NE						1	м м 09	/		08			015	Y
	4th Fl. West														
	5	State	Zip Code					Trans	act	ion II	<b>)</b> :	SB21B	.482	5.0	
	Washington Purpose of Disbursement	DC	20002												
	Travel expense reimbursement			C	02		A	Amoun	t of	Each	ιC	Disburse	men	t this	Period
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	Office Sought: House Disburser Senate	nent For: Primary	General					× Mei	mo l	tem					
	President	Other (spec													
	State: District:		57 <b>v</b>												
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Form/Schedule: SB21B Transaction ID : SB21B.4825

The remaining \$248.21 in expense reimbursements to Mr. King were for payments to vendors which have not yet exceeded \$200 for the calendar year.

3(	CHEDULE B (FEC Form 3X)			F	OR	LINE N	NUM	BER:	:			PA	GE	54	OF 124
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		hec	k only	-			200	Г			] 0F	
			Summary Page			21b 27	$\mid \mid$	22 28a		23 28b	+	24 28c	$\vdash$	25 29	26 30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam														
$\backslash$	NAME OF COMMITTEE (In Full)														
	Security Is Strength PAC														
<u> </u>	Full Name (Last, First, Middle Initial)						_		4 D:			1			
А.	Amtrak						_	ate o	_	sburse			/	( Y	V
	Mailing Address 60 Massachusetts Ave. NE 4th Fl. West							09	Ĺ		)9			015	
	5	State DC	Zip Code				-	Trans	act	ion ID	):	SB21B	.482	5.1	
	Washington Purpose of Disbursement	DC	20002	_	_	_									
	Travel expense reimbursement			C	02		A	noun	t of	Each	D	isburse	men	t this	Period
	Candidate Name			Cate T	egoi ype					,		,		83.	00
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	State: District:		., ,												
В.	Full Name (Last, First, Middle Initial) Amtrak						D	ate o	f Di	sburse	əm	nent			
	Mailing Address 60 Massachusetts Ave. NE 4th FI. West							09	/		10			2015	Y
	City S Washington	State DC	Zip Code 20002					Frans	sact	ion ID	):	SB21B	.482	5.2	
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		nent For: Primary Other (spec	General Gify) ▼				>	( Mei	mo l	tem					
	State: District:														
C.	Full Name (Last, First, Middle Initial) Lyft								f Di	sburse					
	Mailing Address 548 Market St. #68514							09	/		0			015	Y
	San Francisco	State CA	Zip Code 94104					Frans	sact	ion ID	):	SB21B	.482	5.3	
	Purpose of Disbursement Travel expense reimbursement			0	02						_				
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	CHEDULE B (FEC Form 3X)	Use separate schedule(s)					:		P	AGE	55	OF 124
11	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			c only o 21b 27	22 28a		23 28b	24	;	25 29	26 30b
	ny information copied from such Reports and St for commercial purposes, other than using the											
$\backslash$	NAME OF COMMITTEE (In Full)											
	Security Is Strength PAC											
Α.	Full Name (Last, First, Middle Initial) Lyft					Date o	f Di	sburse	ement			
	Mailing Address 548 Market St. #68514					м м 09	/	D 1			2015	Y
	City San Francisco	State Zip Code CA 94104				Trans	act	ion ID	: SB21E	3.482	25.4	
	Purpose of Disbursement Travel expense reimbursement		0	02		Amoun	t of	Fach	Disburs	amor	nt this	Period
	Candidate Name		Cate	gor	y/	Anioun		Lacii	Disbuis	enner		.78
	Office Sought: House Disbu	rsement For: Primary General Other (specify)	Ty	/pe		× Me						
	State: District:											
B.	Full Name (Last, First, Middle Initial) Lyft					Date o	f Di					
	Mailing Address 548 Market St. #68514					09	/		D / 1		2015	Y
	City San Francisco	StateZip CodeCA94104				Trans	sact	ion ID	: SB21I	3.482	25.5	
	Purpose of Disbursement Travel expense reimbursement		C	02		Amoun	t of	Each	Disburs	emer	nt this	Period
	Candidate Name		Cate Ty	egor /pe	y/			, .			44	.51
	Office Sought: House Disbu	sement For: Primary General Other (specify)				× Mer						
_	State: District:											
C.	Full Name (Last, First, Middle Initial) New York Marriot Marquis					Date o	f Di					
	Mailing Address 1535 Broadway					09	/		D / 2		2015	Ŷ
	City New York	State Zip Code NY 10036				Trans	sact	ion ID	: SB21I	3.482	25.6	
	Purpose of Disbursement Travel expense reimbursement		0	02		Amoun	+ of	Fach	Diabura		at this	Deried
	Candidate Name		Cate		y/	Amoun		Each	Disburs	enter	346	
	Senate President	rsement For: Primary General Other (specify) ▼				× Me	mo l	tem				
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SC	HEDULE B (FEC Form 3X)				NE NUMBER: PAGE 56 OF 124
ITE	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	) (c	<b>X</b> 2	only one) 21b 22 23 24 25 26 27 28a 28b 28c 29 30
or	for commercial purposes, other than using	I Statements may not be sold or u the name and address of any polit	sed by ical cor	any p nmittee	person for the purpose of soliciting contributions to solicit contributions from such committee.
	Security Is Strength PAC				
	Full Name (Last, First, Middle Initial) Spirit Airlines				Date of Disbursement
	Mailing Address 2800 Executive Way				09 14 2015
	City Miramar Purpose of Disbursement	StateZip CodeFL33025			Transaction ID : SB21B.4825.7
	Travel expense reimbursement		(	002	Amount of Each Disbursement this Period
i	Candidate Name			egory/ jype	228.08
	Senate President	sbursement For: Primary General Other (specify) ▼			X Memo Item
В.	State:       District:         Full Name (Last, First, Middle Initial)         Andrew King         Mailing Address       6950 Greenvale St. NW				Date of Disbursement
	City Washington	State Zip Code DC 20015			Transaction ID : SB21B.4836
	Purpose of Disbursement Travel, subsistence and office expense reim	ibursement		002	Amount of Each Disbursement this Period
ī	Candidate Name		Cat	egory/ ype	
	Senate President	sbursement For: Primary General Other (specify)	1		Memo Item
	State: District: Full Name (Last, First, Middle Initial) American Airlines				Date of Disbursement
•••	American Amiries				M M / D D / Y Y Y Y
	Mailing Address 4333 Amon Carter Bouleva MD 5675				09 28 2015
	City Fort Worth Purpose of Disbursement	StateZip CodeTX76155			Transaction ID : SB21B.4836.0
	Travel expense reimbursement Candidate Name			002 egory/	Amount of Each Disbursement this Period
	Ŭ L	sbursement For:	T	уре	161.60
	State: District:	Other (specify)			
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Form/Schedule: SB21B Transaction ID : SB21B.4836

The remaining \$606.54 in expense reimbursements to Mr. King were for payments to vendors which have not yet exceeded \$200 for the calendar year.

S	CHEDULE B (FEC Form 3X)			F	OR I	LINE N	NU	MBEF	R:			PA	GE	58	OF	124
IT	EMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the Summary Page		-	k only 21b	-	ie) ] 22		23		24		25		26
	y information copied from such Reports and Staten				anv	27	n f	28a		28b	ofs	28c		29 ntribu	tions	30b
	for commercial purposes, other than using the name															5
	NAME OF COMMITTEE (In Full) Security Is Strength PAC															
<u>د</u>	Full Name (Last, First, Middle Initial)															
А.	American Airlines							Date o		sburse		ent	V	Y	V	
	Mailing Address 4333 Amon Carter Boulevard MD 5675							10			6			015		
	City S Fort Worth	State TX	Zip Code 76155					Tran	sact	ion ID	: S	B21B.	4836	6.1		
	Purpose of Disbursement Travel expense reimbursement		70155	0	002			Δτουμ	at of	Fach	Die	burser	nont	thie	Porio	od
	Candidate Name			Cate		21/	,	Anioui		Lach	Dis	sbuisei	nent			Ju
					ype	<i>y</i> ,				7				445.	10	
		nent For: Primary Other (spec	General ify) ▼					×M	emo	ltem						
	State: District:															
B.	Full Name (Last, First, Middle Initial) Amtrak						I		_	sburse		nt				
	Mailing Address 60 Massachusetts Ave. NE 4th Fl. West							09	/		28	/ Y		015	Y	
	Washington	State DC	Zip Code 20002					Tran	sact	ion ID	) : S	B21B.	4836	6.2		
	Purpose of Disbursement Travel expense reimbursement			C	002			Amoui	nt of	Fach	Dis	burser	nent	this	Perio	bd
	Candidate Name			Cate		ry/				1		, ,		158.	-	
		nent For: Primary Other (spec	General ify) ▼					× Me	emo l	tem						
	State: District:															
C.	Full Name (Last, First, Middle Initial) Charleston Marriott						I			sburse		nt				
	Mailing Address 170 Lockwood Boulevard							<sup>M</sup> 10	/ /	0	3	/ Y		)15	Y	
	5	State SC	Zip Code 29403					Tran	sact	ion ID	) : S	B21B.	4836	6.3		
	Purpose of Disbursement Travel exepense reimbursement				02											
	Candidate Name			Cate		ry/		Amoui	nt of	Each	Dis	burser	nent	this 229.	-	bd
	President	nent For: Primary Other (spec	General ify) ▼		<u> </u>		Ì	× Me	emo	ltem						
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	ny information copied from such Reports and a r for commercial purposes, other than using th											
	NAME OF COMMITTEE (In Full) Security Is Strength PAC											
Α.	Full Name (Last, First, Middle Initial) Kiawah Island Golf Resort						Date o	_				
	Mailing Address 1 Sanctuary Beach Dr.						10 <sup>M</sup>	/	0		2015	Y
	City Kiawah Island Purpose of Disbursement	State Zip 0 SC 2945					Trans	sact	ion ID	: SB21B.	4836.4	
	Travel expense reimbursement			0	02		Amoun	t of	Each	Disburse	ment this	Period
	Candidate Name			Cate Ty	egor /pe	y/			7	7		9.50
	Senate President	Oursement For: Primary Other (specify)	General				× Me	mo l	ltem			
В.	State:     District:       Full Name (Last, First, Middle Initial)       Kiawah Island Golf Resort						Date o	f Di	sburse	ment		
	Mailing Address 1 Sanctuary Beach Dr.						M M 10	/	D 0	D / Y 2	2015	Y
	City Kiawah Island	State Zip C SC 294					Tran	sact	ion ID	: SB21B	.4836.5	
	Purpose of Disbursement Facility rental Candidate Name		[		02		Amour	t of	Each	Disbursei	ment this	Period
				Cate Ty	egor /pe	y/	<u>_</u> .			7	148	0.57
	Office Sought: House Dist Senate President	oursement For: Primary Other (specify)	General				× Me	mo l	tem			
	State: District: Full Name (Last, First, Middle Initial)											
C.	Kiawah Island Golf Resort						Date o	_		ment	Y Y	Y
	Mailing Address 1 Sanctuary Beach Dr.						10	ľ	0;		2015	
	City Kiawah Island Purpose of Disbursement	State Zip 0 SC 2945					Tran	sact	ion ID	: SB21B.	4836.6	
	Subsistence reimbursement           Candidate Name		[	0 Cate	02 egor	y/	Amour	t of	Each	Disburse		
	Senate President	Dursement For: Primary Other (specify)	General	Ту	/pe		× Me	mo l	tem	7	2.	3.71
	State: District:							_				
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	EMIZED DISBURSEMENTS	for each	category of the Summary Page			k oni 21b 27		22 28a		23 28b	F	24 28c		25 29	26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam														
	NAME OF COMMITTEE (In Full) Security Is Strength PAC														
Α.	Full Name (Last, First, Middle Initial) Lyft							Date c	_		en		~ ~	Ý	Y
	Mailing Address 548 Market St. #68514							09			28			015	
	City S San Francisco Purpose of Disbursement	State CA	Zip Code 94104					Tran	sact	ion II	D :	SB21B	.483	6.7	
	Travel expense reimbursement			0	02			Amour	t of	Each	۱D	isburse	men	t this	Period
	Candidate Name			Cate Ty	egor /pe	ry/				7		. ,		33	.52
	President	nent For: Primary Other (spec	General cify) ▼					× Me	mol	ltem					
	State:     District:       Full Name (Last, First, Middle Initial)														
В.	Lyft							Date c	_		em		Y Y	Y	Y
	Mailing Address 548 Market St. #68514							09			29		2	015	
	San Francisco	State CA	Zip Code 94104					Tran	sact	ion II	D :	SB21B	.483	6.8	
	Purpose of Disbursement Travel expense reimbursement			C	02	٦		Amour	it of	Each	۱D	)isburse	men	t this	Period
	Candidate Name			Cate Ty	egor /pe	ry/				7	1			26	.12
	Office Sought: House Disbursen Senate President	nent For: Primary Other (spec	General					× Me	mo l	tem					
	State: District:														
C.	Full Name (Last, First, Middle Initial)							Date c	_						
	Mailing Address 548 Market St. #68514							10 <sup>M</sup>	/		06			015	T
	San Francisco	State CA	Zip Code 94104					Tran	sact	ion II	D :	SB21B	.483	6.9	
	Purpose of Disbursement Travel expense reimbursement			0	02						_				
	Candidate Name			Cate		ry/		Amour	IT OT	Eacr	ı L	)isburse	men		Period .62
		nent For: Primary Other (spec	General cify) ▼					X Me	mol	ltem					
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Security Is St	0															
Full Name (Last, Fir A. New York Ma								Da	e o	f Di	sburse	əm	ent			
Mailing Address 153	•								м 10	/	D	D )1	/		015	Y
City New York		S	State NY	Zip Code 10036				Т	ans	act	ion ID	)::	SB21B	.4836	6.10	
Purpose of Disburse Travel expense rein					C	02		Am	oun	t of	Each	Di	isburse	ment	t this	Period
Candidate Name					Cate	egor ype	ry/	Γ	T	T				Ţ	805.	61
Office Sought:	House Senate President		nent For: Primary Other (spe	General Gify) ▼		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		×	Me	mo l	tem					
State: D Full Name (Last, Fir	istrict:			<b>,</b> , , , , , , , , , , , , , , , , , , ,												
B. Sixt Franchise	,								e o	f Di	sburse				Y	V
Mailing Address 29	00 S Federal Hwy							IVI	09	<i>'</i>		28			015	T
City Fort Lauderdale		S	State FL	Zip Code 33316				т	rans	sact	ion ID	):	SB21B	.483	6.11	
Purpose of Disburse Travel expense rein					(	002		Am	oun	t of	Each	Di	isburse	ment	t this	Period
Candidate Name					Cate T	egor ype	ry/				,				256.	68
Office Sought:	House Senate President		nent For: Primary Other (spe	General cify) ▼				×	Mei	no l	tem					
	istrict:															
Full Name (Last, Fir C. Trattoria Trec								_	:e o	f Di	sburse		ent		Y	
Mailing Address 254	4 W 47th St.								09	Í		29			015	
City New York			State NY	Zip Code 10036				т	rans	sact	ion ID	):	SB21B	.483	6.13	
Purpose of Disburse Subsistence reimbu					C	02		Am	oun	t of	Each	Di	isburse	ment	t this	Period
Candidate Name					Cate T	egor ype	ry/	Γ							305.	_
Office Sought:	House Senate President		nent For: Primary Other (spe	General cify) ▼				×	Me	mo l	tem					
State: D	istrict:										_					
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-		INE N	-	BER	:			F	AGE	62	OF 124
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NAME OF COMMITTEE (In Full) Security Is Strength PAC													
Full Name (Last, First, Middle Initial) A. US Airways					_	te o	_	sburs			Y	YY	Y
Mailing Address 4000 E. Sky Harbor Blvd.						10			03			2015	
City Phoenix Purpose of Disbursement	State Zip Code AZ 85034				т	rans	sact	ion II	<b>)</b> :	SB21	B.483	36.14	
Travel expense reimbursement		00	2		Am	oun	t of	Each	۱C	Disburs	emei	nt this	Period
Candidate Name		Categ Typ		//				7		,		25	00
Senate President	Primary General Other (specify) ▼				×	Me	mo	ltem					
State:       District:         Full Name (Last, First, Middle Initial)         B. US Airways         Mailing Address       4000 E. Sky Harbor Blvd.						te o 10	_	sburs		D /		y y 2015	Y
City	State Zip Code				Т	rans	sact	ion II	D :	: SB21	B.48	36.15	
Phoenix Purpose of Disbursement	AZ 85034	_											
Travel expense reimbursement Candidate Name		00 Categ Typ	gory	//	Am	ioun	t of	Each	1 0	Disburs	emei	nt this 401	_
Office Sought: House Disk Senate President State: District:	oursement For: Primary General Other (specify) ▼				×	Me	mo l	tem					
Full Name (Last, First, Middle Initial) C. Verizon Wireless								sburs					
Mailing Address PO Box 4003					M	10 <sup>M</sup>		D	13			2015	Y
City Acworth Purpose of Disbursement	State Zip Code GA 30101				т	rans	sact	ion II	D :	: SB21	B.48	36.16	
Office expense reimbursement Candidate Name		00 Categ Typ	gory	//	Am	ioun	t of		1	Disburs		nt this 162.	_
Office Sought: House Disk Senate President State: District:	oursement For: Primary General Other (specify) ▼				×	Me	mo	ltem		7			
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	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)			LINE N k only			:			PA	GE	63	OF 124
	EMIZED DISBURSEMENTS	for each	category of the Summary Page			21b 27		22 28a		23 28b		24 28c		25 29	26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam														
	NAME OF COMMITTEE (In Full) Security Is Strength PAC														
Α.	Full Name (Last, First, Middle Initial) Andrew King						_	ate o	_	sburs				Y	Y
	Mailing Address 6950 Greenvale St. NW							10			28			015	
	City S Washington Purpose of Disbursement	State DC	Zip Code 20015					Trans	acti	ion IE	):	SB21B	.481	1	
	General campaign consulting			0	01		A	moun	t of	Each	D	isburse	men	t this	Period
	Candidate Name			Cate Ty	egor /pe	·y/				,			1	0000	.00
		nent For: Primary Other (spe	General cify) ▼					Me	mo l	tem					
В.	Full Name (Last, First, Middle Initial)         Andrew King         Mailing Address       6950 Greenvale St. NW						_	ate o M M 12	_	D				015	Y
	City S Washington	State DC	Zip Code 20015					Trans	sact	ion II	<b>)</b> :	SB21B	.481	2	
	Purpose of Disbursement General campaign consulting				01		۸	moun	t of	Fach	П	isburse	mon	t thic	Period
	Candidate Name			Cate		ry/		moun		J		1300130	-	10000	_
		nent For: Primary Other (spec	General cify) ▼					Mei	no l	tem					
_	Full Name (Last, First, Middle Initial)														
C.	Langdon Law LLC						D	ate o	f Di	sburs	em	nent			
	Mailing Address 8913 Cincinnati-Dayton Rd.							м м 07	/	2	20			015	Y
	West Chester	State OH	Zip Code 45069					Trans	sact	ion IE	<b>)</b> :	SB21B	.478	6	
	Purpose of Disbursement Legal fees Candidate Name				01		A	moun	t of	Each	D	isburse	men	t this	Period
				Cate Ty	∋gor ∕pe	'y/							1	0505	.92
		nent For: Primary Other (spe	General cify) ▼				C	Me	mo l	tem					
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NAME OF COMMITTEE (In Full) Security Is Strength PAC												
Full Name (Last, First, Middle Initial) A. Langdon Law LLC					Date o		sburse		nt	Y	YY	ſ
Mailing Address 8913 Cincinnati-Dayton Rd.					08		2	25		201	5	
City West Chester Purpose of Disbursement	StateZip CodeOH45069				Tran	sact	ion ID	) : S	B21B.	4890		
Legal fees Candidate Name		C	01		Amour	nt of	Each	Dis	burser	nent t	his Pe	eriod
		Cate T	egory /pe	//			,			54	426.25	5
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼				Me	emo	ltem					
Full Name (Last, First, Middle Initial) B. Langdon Law LLC Mailing Address 8913 Cincinnati-Dayton Rd.					Date o		D		nt / Y	y 201	15	
City West Chester	State Zip Code OH 45069				Tran	sact	ion ID	) : S	B21B.	4891		_
Purpose of Disbursement Legal fees Candidate Name		Cate		//	Amour	nt of	Each	Dis	burser	-	his Pe 562.71	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		/pe		Me	emo l	tem		- 1			
Full Name (Last, First, Middle Initial) C. Langdon Law LLC					Date o	_			nt			
Mailing Address 8913 Cincinnati-Dayton Rd.					10 <sup>M</sup>	/	2	29	/ Y	201	5	
City West Chester Purpose of Disbursement	StateZip CodeOH45069				Tran	sact	ion ID	) : S	B21B.	4892		
Legal fees Candidate Name		Cate	01 egory	//	Amour	nt of	Each	Dis	burser		his Pe	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		he		Me	emo	ltem					
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	Security Is Strength PAC															
~	Full Name (Last, First, Middle Initial)								Data a	د ا	huros		t			
А.	Langdon Law LLC								Date of	_	D		_	Y	Y	Y
	Mailing Address 8913 Cincinnati-Dayt	on Rd.							11			6			015	
	City West Chester	S	State OH	Zip Code 45069					Trans	act	ion ID	: 5	SB21B.	4893	3	
	Purpose of Disbursement Legal fees															
	Candidate Name				<u></u>	01		4	Amoun	t of	Each	Di	sburser	nent	this	Period
					Cate T	egor ype					7				1081.	62
	Office Sought: House Senate President		nent For: Primary Other (spe	General cify) ▼					Me	mo l	tem					
	State: District:															
В.	Full Name (Last, First, Middle Initial) Market Research Insight							[	Date of	_						
	Mailing Address 362 Gulf Breeze Pky Suite 106	wy.							08 08		D 1	9	/ Y		015	Y
	City Gulf Breeze	S	State FL	Zip Code 32561					Trans	sact	ion ID	):8	SB21B.	5001	1	
	Purpose of Disbursement Polling					)05			Δmoun	t of	Fach	Die	sburser	nont	this I	Pariod
	Candidate Name				Cate			,			,	DI			2500.	
	Office Sought: House Senate President		nent For: Primary Other (spe	General cify) ▼					Mer	no l	tem					
	State: District: Full Name (Last, First, Middle Initial)															
C.	MH Media, LLC							[	Date of	_	sburse			Y	Y	Y
	Mailing Address 282 35th Street								07		0	)2		20	)15	
	City Avalon		State NJ	Zip Code 08202					Trans	sact	ion ID	): 5	SB21B.	4773	3	
	Purpose of Disbursement Production costs for website video co	ntent				04						Ε.				
	Candidate Name				Cate	-			Amoun	t of	Each	Di	sburser		this 3112.	
	Office Sought: House Senate President State: District:		nent For: Primary Other (spe	General cify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>		j	Mei	mo l	tem					
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$\backslash$	NAME OF COMMITTEE (In Full)																			
	Security Is Strength PAC																			
<u> </u>	Full Name (Last, First, Middle Initial)		Data	( D:																
А.	MH Media, LLC						Date of Disbursement													
	Mailing Address 282 35th Street						08 03 2015													
	City Avalon	State NJ	Zip Code 08202				Transaction ID : SB21B.5024													
	Purpose of Disbursement Production costs			0	04	٦	Amount of Each Disbursement this Period													
	Candidate Name			Cate	egor ype	ry/	8957.00													
	Senate	ement For: Primary	General		урс		Memo Item													
	State: District:	Other (spe	ecify) 🔻																	
B.	Full Name (Last, First, Middle Initial) MH Media, LLC							Date o	_											
	Mailing Address 282 35th Street								11 03 2015											
	City Avalon	State NJ	Zip Code 08202					Transaction ID : SB21B.5021												
	Purpose of Disbursement Production costs for website video content			C	004		Amount of Each Disbursement this Period													
	Candidate Name	Category/ Type						4500.00												
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	-					Memo Item												
	State: District:	]																		
C.	Full Name (Last, First, Middle Initial) Matthew Nichols							Date o												
	Mailing Address 5500 Sylvan Dr.						09 / D D / Y Y Y Y 2015													
	City Columbia	State Zip Code a SC 29206								Transaction ID : SB21B.4974										
	Purpose of Disbursement Travel expense reimbursement				-															
	Candidate Name			Cate	02 egor ype	ry/	Amount of Each Disbursement this Per 2382.80							_						
	Senate President	ement For: Primary Other (spe	General cify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>			Me	mo l	tem		7								
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т	OTAL This Period (last page this line number only	/)						L.,		7	_									

Form/Schedule: SB21B Transaction ID : SB21B.4974

The remaining \$548.24 in expense reimbursements to Mr. Nichols were for payments to vendors which have not yet exceeded \$200 for the calendar year.

S	CHEDULE B (FEC Form 3X)			F	DR I	LINE N	UMBER	:			PA	GE	68 (	DF 124						
IT	EMIZED DISBURSEMENTS	Use sepa for each Detailed s	(c		c only c 21b 27	one) 22 28a		23 28b		24 28c		25 29	26 30b							
	y information copied from such Reports and Stater for commercial purposes, other than using the nan																			
	NAME OF COMMITTEE (In Full) Security Is Strength PAC																			
Α.	Full Name (Last, First, Middle Initial) Expedia Inc.		Date of Disbursement																	
	Mailing Address 333 108th Ave. NE		07 <u>28</u> 2015																	
	City Sellevue Purpose of Disbursement	State WA	Zip Code 98004				Transaction ID : SB21B.4974.0													
	Travel expense reimbursement			0	02		Amoun	t of	Each	Dist	ourse	men	t this	Period						
	Candidate Name			Cate T	egor ype	y/	Amount of Each Disbursement this Period													
	Senate President	Iffice Sought:     House     Disbursement For:       Senate     Primary     General										X Memo Item								
B.	State:       District:         Full Name (Last, First, Middle Initial)         B. Expedia Inc.         Mailing Address 333 108th Ave. NE									emer	nt / []		015	Ŷ						
	City Sellevue	State WA	Zip Code 98004				Trans	sacti	ion ID	) : SI	321B	.497	4.1							
	Purpose of Disbursement Travel expense reimbursement			C	02		Amoun	it of	Each	Dist	ourse	men	t this	Period						
	Candidate Name			Cate T	egor ype	y/	Amount of Each Disbursement this Period													
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General cify) ▼			X Memo Item														
	State: District:																			
C.	Full Name (Last, First, Middle Initial) Expedia Inc.						Date o	_			nt									
	Mailing Address 333 108th Ave. NE						M         M         /         D         D         /         Y													
	Bellevue	State WA	Zip Code 98004				Trans	sacti	ion ID	) : SI	321B	.497	4.2							
	Purpose of Disbursement Travel expense reimbursement Candidate Name				Amount of Each Disbursement this Peric															
				Cate T	egor ype	y/							193.	64						
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (spec	General cify) ▼				× Me	mo li	-											
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$ \rangle$	NAME OF COMMITTEE (In Full) Security Is Strength PAC																		
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Α.	Full Name (Last, First, Middle Initial)							Date of Disbursement											
	Matthew Michols							M	_				Y	Y	Y				
	Mailing Address 5500 Sylvan Dr.							09 17 2015											
	City	State	Zip Code					Transaction ID : SB21B.4978											
	Columbia Purpose of Disbursement	SC	29206																
	Travel expense reimbursement			0	002		Amount of Each Disbursement this Period												
	Candidate Name			Cate	egoi ype			2248.43											
	Office Sought: House Disburse	ment For:			<u> </u>				1emo										
	Senate	Primary	General																
	State: District:	Other (spe	ecity) 🔻																
	Full Name (Last, First, Middle Initial)																		
В.	Alamo Car rental							Date	-										
	Mailing Address 1 Airport Rd.							09 03 2015											
	City Manchester	State NH	Zip Code 03103				Transaction ID : SB21B.4978.0												
	Purpose of Disbursement		03103	_				-											
	Travel expense reimbursement	002 Category/ Type						Amount of Each Disbursement this Period 219.32											
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_	Full Name (Last, First, Middle Initial)																		
C.	Expedia Inc.							Date	of D	isbu	rsei	ment							
	Mailing Address 333 108th Ave. NE							M 08		/	25			015	Y				
	City	State	Zip Code				_												
	Bellevue	WA	98004					Tra	nsac	tion	ID	: SB21B	.497	8.1					
	Purpose of Disbursement Travel expense reimbursement				000														
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Form/Schedule: SB21B Transaction ID : SB21B.4978

The remaining \$431.78 in expense reimbursements to Mr. Nichols were for payments to vendors which have not yet exceeded \$200 for the calendar year.

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use sepa				E NUMBER: PAGE 71 OF 124													
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$\backslash$	NAME OF COMMITTEE (In Full)																		
	Security Is Strength PAC																		
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	Mailing Address 333 108th Ave. NE						08 / D D / Y Y Y Y 26 2015												
	City Bellevue	State WA	Zip Code 98004			Transaction ID : SB21B.4978.2           2         Amount of Each Disbursement this Period													
	Purpose of Disbursement Travel expense reimbursement			0	02														
	Candidate Name			Cate		ry/	683.43												
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В.	Expedia Inc.						C	Date o	_										
	Mailing Address 333 108th Ave. NE							08 / D D / Y Y Y Y 08 31 2015											
	City Bellevue	State WA	Zip Code 98004				Transaction ID : SB21B.4978.3 Amount of Each Disbursement this Period												
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	State: District:		Chiy) V																
C.	Full Name (Last, First, Middle Initial) On Point Strategy, LLC						[	Date o	_										
	Mailing Address 5500 Sylvan Dr.						M         M         /         D         D         /         Y												
	City Columbia	State SC	Zip Code 29206					Trans	sact	ion ID	):	SB21B	.500	2					
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NAME OF COMMITTEE (In Full) Security Is Strength PAC																			
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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full. Middle Initial) A Chain Bridge Bank Maling Address 1445-A Laughtin Ave. City McLean City City City City City City City City		EMIZED DISBURSEMENTS	for each category of the	(che	2	21b	22			26 30b		
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Senate       Primary       General         Other (specify)       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       Date of Disbursement         C. Chain Bridge Bank       Date of Disbursement         Mailing Address 1445-A Laughlin Ave.       Image: Chain Bridge Bank         City       State       Zip Code         McLean       VA       22101         Purpose of Disbursement       001         Bank fee       001         Candidate Name       Other (specify)         Office Sought:       House         Benate       Primary         General       Other (specify)         State:       Disbursement For:         State:       District:         Suberotal of Disbursements This Page (optional)		Candidate Name				/			,		30	0.00
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ANE OF COMMITTEE (in Full)       Image: Committee (in Full)         Security Is Strength PAC       Image: Committee (in Full)         A. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose): Radio buy overcharge         Milling Address       229 Code         Outstanding Balance Beginning This Period       Transaction ID : SD9.5028         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Malling Address       21p Code         Outstanding Balance Beginning This Period       Nature of Debt (Purpose):         Malling Address       21p Code         Outstanding Balance Beginning This Period       Nature of Debt (Purpose):         Malling Address       21p Code         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Malling Address       21p Code         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Malling Address       21p Code         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Malling Address       21p Code         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Malling Address       21p Code         Outstanding Balance at Close of	xcluding	y Loans			
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B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Outstanding Balance Initial) of Debtor or Creditor       Outstanding Balance at Close of This Period       Outstanding Balance at Close of This Period         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       Outstanding Balance at Close of This Period         City       State       Zip Code         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Mailing Address       Outstanding Balance at Close of This Period         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Outstanding Balance at Close of This Period       9990.00         ) SUBTOTALS This Period This Page (optional)		Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
Mailing Address         City       State       Zip Code         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       City       State       Zip Code         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period       Outstanding Balance at Close of This Period         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period       Outstanding Balance at Close of This Period         SUBETOTALS This Period This Page (optonal)       \$999.00       \$999.00         ) TOTAL OUTSTANDING LOANS from Schedule C (last page only)       \$0.00         ADD 2) and 3) and carry (poward to appropriate line of Summary Page (last page only)       \$999.00		9990.00		0.00	
City       State       Zip Code         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       City       State       Zip Code         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period       Outstanding Balance at Close of This Period         Outstanding Balance Beginning This Period       Payment This Period       Outstanding Balance at Close of This Period         Outstanding Balance Beginning This Period       Payment This Period       Outstanding Balance at Close of This Period         SUBTOTALS This Period This Page (optional)       Payment This Period       Payment This Period       Payment Period         Image: Substanding Balance Intervention       Payment This Period       Payment This Period       Payment Period         Image: Substanding Balance Intervention       Payment This Period       Payment Period       Payment Period         Image: Substanding Balance Intervention       Payment This Period       Payment Period       Payment Period         Image: Substanding Balance Intervention       Payment Period       Payment Period       Payment Pitter <t< td=""><td>B. Full</td><td>Name (Last, First, Middle Initial) of Debtor</td><td>or Creditor</td><td>Nature of D</td><td>Pebt (Purpose):</td></t<>	B. Full	Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	Pebt (Purpose):
City       State       Zip Code         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       City       State       Zip Code         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period       Outstanding Balance at Close of This Period         Outstanding Balance Beginning This Period       Payment This Period       Outstanding Balance at Close of This Period         Outstanding Balance Beginning This Period       Payment This Period       Outstanding Balance at Close of This Period         SUBTOTALS This Period This Page (optional)       Payment This Period       Payment This Period       Payment Period         Image: Substanding Balance Intervention       Payment This Period       Payment This Period       Payment Period         Image: Substanding Balance Intervention       Payment This Period       Payment Period       Payment Period         Image: Substanding Balance Intervention       Payment This Period       Payment Period       Payment Period         Image: Substanding Balance Intervention       Payment Period       Payment Period       Payment Pitter <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Amount Incurred This Period       Payment This Period         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       Outstanding Balance Beginning This Period         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Outstanding Balance Beginning This Period       Payment This Period         Outstanding Balance at Close of This Period       9990.00         SUBTOTALS This Period (last page (optional)	Mailing	Address			
Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       City       State       Zip Code         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period       Outstanding Balance at Close of This Period         Outstanding Balance Beginning This Period       Payment This Period       Outstanding Balance at Close of This Period         Image: State Sta	City	State	Zip Code		
Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       City       State       Zip Code         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period       Outstanding Balance at Close of This Period         Outstanding Balance Beginning This Period       Payment This Period       Outstanding Balance at Close of This Period         ) SUBTOTALS This Period This Page (optional)	Outs	tanding Balance Beginning This Period			
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       City       State       Zip Code         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period       Outstanding Balance at Close of This Period         Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         ) SUBTOTALS This Period This Page (optional)       >       9990.00         () TOTAL OUTSTANDING LOANS from Schedule C (last page only)       >       0.00         () ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)       >       9990.00					
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       City       State       Zip Code         Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period       Outstanding Balance at Close of This Period         Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         SUBTOTALS This Period This Page (optional)       >       9990.00         ) TOTAL OUTSTANDING LOANS from Schedule C (last page only)       >       0.00         ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)       >		Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       City       State       Zip Code         Outstanding Balance Beginning This Period       Outstanding Balance Beginning This Period       Outstanding Balance at Close of This Period         Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         SUBTOTALS This Period This Page (optional)				Cutstand	
Mailing Address         City       State       Zip Code         Outstanding Balance Beginning This Period        Outstanding Balance at Close of This Period         Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         SUBTOTALS This Period (last page (optional)				<u> </u>	-y
City       State       Zip Code         Outstanding Balance Beginning This Period           Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         SUBTOTALS This Period This Page (optional)	C. Ful	Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D	ebt (Purpose):
City       State       Zip Code         Outstanding Balance Beginning This Period					
Outstanding Balance Beginning This Period         Amount Incurred This Period         Payment This Period         Outstanding Balance at Close of This Period         Outstanding Balance at Close	Mailing	Address			
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period SUBTOTALS This Period This Page (optional)	City		State Zip Code		
SUBTOTALS This Period This Page (optional)	Outs	tanding Balance Beginning This Period			
) SUBTOTALS This Period This Page (optional)					
) SUBTOTALS This Period This Page (optional)		Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
c) TOTALS This Period (last page this line number only)			· · · · · · · · ·		
<ul> <li>) TOTALS This Period (last page this line number only)</li></ul>					- J J
a) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	) SUBT	OTALS This Period This Page (optional)			9990.00
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	) TOTAI	<b>S</b> This Period (last page this line number	only)		9990.00
AUU Z) and 3) and carry torward to appropriate line of Summary Page (last page only)	) ΤΟΤΑΙ	- OUTSTANDING LOANS from Schedule	C (last page only)		0.00
, Abb 2) and 6) and 6 appropriate inte of cummary rage (last page only) p	) ADD 2	2) and 3) and carry forward to appropriate	line of Summary Page (last page	e only) ►	

TEMIZED INDEPENDENT EXPENDIT	URES				PAGE 81 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER V
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour report	ort 📃 New r	eport Amends repo	ort filed on	M	
Full Name of Payee		Memo It	em Date	of Publi	c Distribution/Dissemination
406 Enterprises LLC			N	09	/ D D / Y Y Y Y 08 2015
Mailing Address PO Box 75727			Amou	nt	
City	State	Zip Code			106970.41
Washington	DC	20013			D: SE.4895 ursement or Obligation
Purpose of Expenditure Mobile advertising		Category/ Type 004		09	/ 03 / Y Y Y Y 2015
Name of Federal Candidate		X Support	Office Sough	it:	House District:
Lindsey O. Graham		Oppose	X Preside	L	Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		1565026.41	Disbursemer 2016	t For:	X Primary General
				ther (sp	pecify) ►
Full Name of Payee 406 Enterprises LLC		Memo Ite	Date	A M	ic Distribution/Dissemination
Mailing Address			— L	10	02 2015
PO Box 75727			Amou	int	
City	State	Zip Code			50938.29
Washington	DC	20013			D : SE.4896 ursement or Obligation
Purpose of Expenditure Mobile advertising		Category/ 004		/ M	/ D D / Y Y Y
		Туре	L	10	01 2015
Name of Federal Candidate		X Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	ent	Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		1615964.70	Disbursemer 2016		X Primary General
		y (#		other (s	pecify) ►
			_		
(a) SUBTOTAL of Itemized Independent Exp	enditures		•	-7-	157908.70
(b) SUBTOTAL of Unitemized Independent E	-xpenditures				
(2)				-7	
(c) TOTAL Independent Expenditures					
				-7	
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authoriz				
William L. Bethea Jr.		onion11. Ett. 11	MM /	DDD	/ Y Y Y Y Y
Signature	[Electr	conically Filed] Date	, 06	02	2016

ITEMIZED INDEPENDENT EXPEND	ITURES			PAGE 82 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER
Security Is Strength PAC				С С00573733
Check if 24-hour report 48-hour r	eport New re	port Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee		Memo l	tem Date	e of Public Distribution/Dissemination
406 Enterprises LLC			- I	M M / D D / Y Y Y Y 11 09 2015
Mailing Address PO Box 75727			Amo	ount
City	State	Zip Code		24352.96
Washington	DC	20013		saction ID : SE.4897 e of Disbursement or Obligation
Purpose of Expenditure Mobile advertisting (placement)		Category/ Type 004		11 / 09 / 2015
Name of Federal Candidate		Support	Office Soug	ght: House District:
Lindsey O. Graham		Oppose	X Presid	
Calendar Year-To-Date Per Election for Office Sought		26668.44	Disburseme	ent For: X Primary General Other (specify) ►
Full Name of Payee		Memo Ite	em Date	e of Public Distribution/Dissemination
406 Enterprises LLC				M M / D D / Y Y Y Y 11 09 2015
Mailing Address PO Box 75727			Amo	
City	State	Zip Code		901.96
Washington	DC	20013		saction ID : SE.4898 e of Disbursement or Obligation
Purpose of Expenditure Mobile advertisting (placement)		Category/ Type 004		M         M         /         D         J         Y
Name of Federal Candidate		X Support	Office Soug	ght: House District:
Lindsey O. Graham		Oppose	X Presi	ident Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		179001.43	Disburseme 2016	ent For: X Primary General Other (specify) ►
(a) SUBTOTAL of Itemized Independent E	Expenditures			25254.92
(b) SUBTOTAL of Unitemized Independer	t Expenditures		• •	
(c) TOTAL Independent Expenditures			••	
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorize			
William L. Bethea Jr.	[Electro	mically Filed] Date	06	/ D D / Y Y Y Y 02 2016
Signature				

ITEMIZED INDEPENDENT EXPENDI	rures				PAGE 83 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC I	□ DENTIFICATION NUMBER ▼
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour re	port New re	port Amends repo		M	/ D = D / Y = Y = Y = Y
Full Name of Payee		Memo It	em Date	of Publi	ic Distribution/Dissemination
406 Enterprises LLC			Date		/ D D / Y Y Y Y 09 / 2015
Mailing Address PO Box 75727			Amou	-	
City	State	Zip Code			901.96
Washington	DC	20013			D: SE.4899 ursement or Obligation
Purpose of Expenditure Mobile advertisting (placement)		Category/ Type 004		11 <sup>M</sup>	/ 09 / Y Y Y Y 2015
Name of Federal Candidate		Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Preside	ent	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		3217.43	Disbursemen 2016		
Full Name of Payee		Memo Ite			ic Distribution/Dissemination
406 Enterprises LLC			P	11 <sup>M</sup>	/ D D / Y Y Y Y 09 2015
Mailing Address PO Box 75727			Amou	-	
City	State	Zip Code			901.96
Washington	DC	20013			D : SE.4900 pursement or Obligation
Purpose of Expenditure Mobile advertisting (placement)		Category/ Type 004		11 <sup>M</sup>	/ D D / Y Y Y Y 2015
Name of Federal Candidate		Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	ent [	Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	2103715.13	Disbursemer 2016		Primary General
<ul> <li>(a) SUBTOTAL of Itemized Independent Ex</li> <li>(b) SUBTOTAL of Unitemized Independent</li> </ul>					1803.92
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committ	y candidate or authorize				
William L. Bethea Jr.	[Electro	nically Filed] Date	, 06 /	02	/ Y Y Y Y Y 2016
Signature					

TEMIZED INDEPENDENT EXPENDITU	RES				PAGE 84 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER V
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour report	t New re	eport Amends repo		I = M	/ D = D / Y = Y = Y = Y
Full Name of Payee		Memo It	em Doto	of Publ	ic Distribution/Dissemination
406 Enterprises LLC			Duto	A M	
Mailing Address PO Box 75727				11	09 2015
			Amou	int	
City	State	Zip Code			901.96
Washington	DC	20013			D: SE.4902 ursement or Obligation
Purpose of Expenditure Mobile advertisting (placement)		Category/ Type 004		11 <sup>M</sup>	/ D D / Y Y Y Y 09 2015
Name of Federal Candidate		Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	ent	Senate State: NJ
Calendar Year-To-Date		3217.43	Disbursemer	nt For:	Primary General
Per Election for Office Sought				ther (s	pecify) ►
Full Name of Payee 406 Enterprises LLC		Memo Ite	Date		lic Distribution/Dissemination
				11	/ D D / Y Y Y Y 09 2015
Mailing Address PO Box 75727			Amou	unt	
City	State	Zip Code			901.96
Washington	DC	20013			D: SE.4903 oursement or Obligation
Purpose of Expenditure Mobile advertisting (placement)		Category/ Type 004		11	/ D D / Y Y Y Y 09 2015
Name of Federal Candidate					
Lindsey O. Graham		Support	Office Sough	L	House District:
		Oppose			
Calendar Year-To-Date Per Election for Office Sought		3217.43	Disbursemen 2016		Primary General
(a) SUBTOTAL of Itemized Independent Exper	adituros				1803.92
					1003.92
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•		
(c) TOTAL Independent Expenditures			•	7	
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any ca party committee) any political party committee	andidate or authorized				
William L. Bethea Jr.	[Electro	onically Filed]	06 /	02	/ Y Y Y Y Y 2016
Signature	•	Date		52	

TEMIZED INDEPENDENT EXPENDI	rures				PAGE 85 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC I	 DENTIFICATION NUMBER ▼
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour re	port New rep	port Amends repo		1 M	/ D = D / Y = Y = Y = Y
Full Name of Payee		Memo It	em Date	of Publ	ic Distribution/Dissemination
406 Enterprises LLC		_		11 <sup>M</sup>	/ D D / Y Y Y Y 09 2015
Mailing Address PO Box 75727			Amou		
City	State	Zip Code			8117.64
Washington	DC	20013			D : SE.4905
Purpose of Expenditure Mobile advertisting (placement)		Category/ Type 004		11	Universement or Obligation
Name of Federal Candidate		Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	ent [	Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		10433.12	Disbursemer 2016		Primary General General
Full Name of Payee		Memo Ite			lic Distribution/Dissemination
406 Enterprises LLC			P	M M 11	/ D D / Y Y Y Y 09 2015
Mailing Address PO Box 75727			Amou	_	09 2015
City	State	Zip Code			2705.88
Washington	DC	20013			D: SE.4906 bursement or Obligation
Purpose of Expenditure Mobile advertisting (placement)		Category/ Type 004		<sup>M</sup> 11	/ D D / Y Y Y Y 09 / 2015
Name of Federal Candidate		Support	Office Sougl	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	ent	Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		5021.35	Disbursemer 2016		X   Primary   General     specify) ►
<ul><li>(a) SUBTOTAL of Itemized Independent Ex</li><li>(b) SUBTOTAL of Unitemized Independent</li></ul>			•		10823.52
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committ	y candidate or authorize				
William L. Bethea Jr.	[Electro:	nically Filed] Date	M M /	02	2016
Signature					

TEMIZED INDEPENDENT EXPENDIT	URES				PAGE 86 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC I	 DENTIFICATION NUMBER ▼
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour rep	ort New re	eport Amends repo		M	/ D = D / Y = Y = Y = Y
Full Name of Payee		Memo It	em Date	of Publ	ic Distribution/Dissemination
406 Enterprises LLC			T.	11	/ D D / Y Y Y Y 09 2015
Mailing Address PO Box 75727			Amou		
City	State	Zip Code			6313.72
Washington	DC	20013			D : SE.4907
Purpose of Expenditure Mobile advertisting (placement)		Category/ Type 004		of Disb	University of the second secon
Name of Federal Candidate		Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid		Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		12029.19	Disbursemer 2016		Primary General
Full Name of Payee		🗌 Memo Ite		-	lic Distribution/Dissemination
406 Enterprises LLC				M – M	/ D D / Y Y Y
Mailing Address PO Box 75727			Amou	11 Int	25 2015
City	State	Zip Code			28496.00
Washington	DC	20013			D: SE.4908 bursement or Obligation
Purpose of Expenditure Mobile advertising		Category/ Type 004	] [	<sup>M</sup> 11	<sup>/</sup> 25 <sup>/</sup> 2015
Name of Federal Candidate		X Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	ent	Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		2882404.86	Disbursemer 2016		X   Primary   General     specify) ►
<ul><li>(a) SUBTOTAL of Itemized Independent Exp</li><li>(b) SUBTOTAL of Unitemized Independent I</li></ul>			•		34809.72
(c) TOTAL Independent Expenditures			•	7	
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committe	candidate or authorize				
William L. Bethea Jr.	[Electro	onically Filed] Date	M M /	02	2016
Signature					

ITEMIZED INDEPENDENT EXPENDITUR	RES				PAGE 87 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FFC II	DENTIFICATION NUMBER V
Security Is Strength PAC					C00573733
				U	
Check if 24-hour report 48-hour report	New re	eport Amends repo	ort filed on	1 - M	
Full Name of Payee		Memo It	em Date	of Publi	ic Distribution/Dissemination
CCAN Media, LLC			7	11 <sup>M</sup>	/ D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amou	int	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D : SE.4910 ursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11 <sup>M</sup>	/ 06 / Y Y Y Y 2015
Name of Federal Candidate		Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	_	Senate State: AL
Calendar Year-To-Date		2315.47	Disbursemer	nt For:	Primary General
Per Election for Office Sought		2313.47		Other (sp	pecify) ►
Full Name of Payee CCAN Media, LLC		Memo Ite	Date		ic Distribution/Dissemination
				11 <sup>M</sup>	/ D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amou	unt	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D : SE.4911 ursement or Obligation
Purpose of Expenditure		Category/ 004		M M	/ D D / Y Y Y Y
Television advertising		Туре 004		11	06 2015
Name of Federal Candidate		X Support	Office Sougl	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	lent	Senate State:AK
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursemer 2016		Primary General
	, ,	,		Juliel (S	pecity) •
(a) SUBTOTAL of Itemized Independent Expen	ditures		• •		4630.94
(b) SUBTOTAL of Unitemized Independent Exp	enditures		. —		
				-7-	
(c) TOTAL Independent Expenditures			•	-7	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee of	ndidate or authoriz				
William L. Bethea Jr.	[Electr	onically Filed] Date	, 06 /	02	/ <b>2016</b>
Signature					

NAME OF COMMITTEE (In Full)		
		FEC IDENTIFICATION NUMBER ▼
Security Is Strength PAC		С С00573733
Check if 24-hour report 48-hour report	New report Amends report	filed on
Full Name of Payee	Memo Iter	Date of Public Distribution/Dissemination
CCAN Media, LLC		11 D D / Y Y Y Y 11 10 2015
Mailing Address 40055 Glenmore Court		Amount
City State	Zip Code	2315.47
Paeonian Springs VA	20129	Transaction ID : SE.4912 Date of Disbursement or Obligation
Purpose of Expenditure Television advertising	Category/ Type 004	11 / 06 / 2015
Name of Federal Candidate	X Support	Office Sought: House District:
Lindsey O. Graham	Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
CCAN Media, LLC		M M / D D / Y Y Y Y 11 10 2015
Mailing Address 40055 Glenmore Court		Amount
City State	Zip Code	2315.47
Paeonian Springs VA	20129	Transaction ID : SE.4913 Date of Disbursement or Obligation
Purpose of Expenditure Television advertising	Category/ 004	M = M / D = D / Y = Y = Y = Y
	Туре	11 06 2015
Name of Federal Candidate	X Support	Office Sought: House District:
Lindsey O. Graham	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: X Primary General 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		4630.94
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or an party committee) any political party committee or its agent.		
William L. Bethea Jr.	[Electronically Filed] Date	M = M / D = D / Y = Y = Y = Y 06 02 2016
Signature		

TEMIZED INDEPENDENT EXPENDITU	RES				PAGE 89 OF 124 FOR LINE 24 OF FORM 3X
				FEC II	DENTIFICATION NUMBER V
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour repor	rt 🗌 New re	eport Amends repo		1 M	
Full Name of Payee CCAN Media, LLC		🗌 Memo It	Duio		c Distribution/Dissemination
· · · · · · · · · · · · · · · · · · ·			Λ	11	/ D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amou	int	
City	State	Zip Code			2315.48
Paeonian Springs	VA	20129			D: SE.4914 ursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11 <sup>M</sup>	/ 06 / Y Y Y Y 2015
Name of Federal Candidate		Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	ent	Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7 7	2315.48	Disbursemer 2016		X   Primary   General     Decify) ►
Full Name of Payee CCAN Media, LLC		Memo Ite	m Date	of Publi	ic Distribution/Dissemination
				11 <sup>M</sup>	/ D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amou	unt	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D : SE.4915 ursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		M M 11	/ D06 / Y Y Y Y 2015
Name of Federal Candidate		Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	lent	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursemer 2016		Primary General
(a) SUBTOTAL of Itemized Independent Expe	nditures				4630.95
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•		· · · · · · · ·
(c) TOTAL Independent Expenditures			•	-7-	· · · · · · · ·
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any c party committee) any political party committee	andidate or authorize				
William L. Bethea Jr.	[Electro	onically Filed] Date	, 06 /	02	/ Y = Y = Y = Y 2016
Signature				<u> </u>	

remized independent expenditu	RES				PAGE 90 OF 124 FOR LINE 24 OF FORM 3X
				FEC II	DENTIFICATION NUMBER ▼
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour repo	rt 🗌 New re	eport Amends repo		1 M /	
Full Name of Payee		Memo It	em Date	of Publi	c Distribution/Dissemination
CCAN Media, LLC			Λ	11	10 / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amou	int	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D: SE.4916 ursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11	/ D D / 2015
Name of Federal Candidate		Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid		Senate State: CT
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursemer 2016		X   Primary   General     Decify) ►
Full Name of Payee		Memo Ite			c Distribution/Dissemination
CCAN Media, LLC				11	/ D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Αποι		10 2013
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D : SE.4917 ursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11 M	/ D 06 / Y Y Y Y 2015
Name of Federal Candidate		Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	lent	Senate State: DE
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursemer 2016		Primary General
	anditures	<u>, , , , , , , , , , , , , , , , , , , </u>	2016		pecify) ► 4630.94
(b) SUBTOTAL of Unitemized Independent E	(penditures		•		
(c) TOTAL Independent Expenditures			•	-7-	
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any of party committee) any political party committee	andidate or authoriz				
William L. Bethea Jr.	[Electro	onically Filed] Date	, 06 /	02	/ Y Y Y Y Y 2016
Signature				<u> </u>	

TEMIZED INDEPENDENT EXPENDITU	RES				PAGE 91 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER V
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour report	rt 📃 New r	eport Amends repo	ort filed on	I = M	
Full Name of Payee CCAN Media, LLC		Memo It	em Date	of Publ	ic Distribution/Dissemination
			N	11	/ D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amou	int	
City	State	Zip Code			2315.48
Paeonian Springs	VA	20129			D : SE.4918 ursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11 <sup>M</sup>	/ 06 / Y Y Y Y 2015
Name of Federal Candidate		Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Preside		Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		2315.48	Disbursemer	nt For:	Primary General
				other (s	pecify) ▶
Full Name of Payee CCAN Media, LLC		Memo Ite	Date	of Publ	ic Distribution/Dissemination
Mailing Address			Ľ	11	10 2015
40055 Glenmore Court			Amou	ınt	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D: SE.4919 pursement or Obligation
Purpose of Expenditure Television advertising		Category/ 004		M N	/ D D / Y Y Y Y
		Туре	L	11	06 2015
Name of Federal Candidate		X Support	Office Sough	nt: [	House District:
Lindsey O. Graham		Oppose	X Presid	ent	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursemer 2016		Primary General
		,		other (s	pecify) ►
(a) SUBTOTAL of Itemized Independent Expe	nditures				4630.95
				-7-	
(b) SUBTOTAL of Unitemized Independent Ex	penditures		• •		
			_		
(c) TOTAL Independent Expenditures			•	-7	
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any c party committee) any political party committee	andidate or authoriz				
William L. Bethea Jr.	<b>[Electr</b>	onically Filed]	06 V	02	/ Y Y Y Y 2016
Signature		Date	, 00	02	2010

ITEMIZED INDEPENDENT EXPEND	ITURES			PAGE 92 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Security Is Strength PAC				С соо573733
				0 000073733
Check if 24-hour report 48-hour report	report New	v report Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee		Memo l	tem Date of	Public Distribution/Dissemination
CCAN Media, LLC				11 D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amoun	t
City	State	Zip Code		2315.47
Paeonian Springs	VA	20129		tion ID : SE.4920 f Disbursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11 / D D / Y Y Y Y 106 / 2015
Name of Federal Candidate		Support	Office Sought:	House District:
Lindsey O. Graham		Oppose	X Presider	nt Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursement 2016	For: X Primary General General General
Full Name of Payee		Memo Ite	em Date o	f Public Distribution/Dissemination
CCAN Media, LLC				M / D D / Y Y Y Y 11 10 2015
Mailing Address 40055 Glenmore Court				11 10 2015
40055 Glenniole Court			Amoun	t
City	State	Zip Code		2315.47
Paeonian Springs	VA	20129		tion ID : SE.4922
Purpose of Expenditure		Category/		f Disbursement or Obligation
Television advertising		Type 004		11 06 2015
Name of Federal Candidate		Support	Office Sought	: House District:
Lindsey O. Graham		Oppose	X Presider	nt Senate State: <u>HI</u>
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursement 2016	
		<u></u>	Otl	her (specify) ►
(a) SUBTOTAL of Itemized Independent	Expenditures			4630.94
(b) SUBTOTAL of Uniternized Independent	nt Expenditures		•• ►	
/ · · · · · · · · · · · · · · · · · · ·				
(c) TOTAL Independent Expenditures			·· ▶	4 4 4
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or autho			
William L. Bethea Jr.	[Ele	ctronically Filed] Date	o 06 /	02 / 2016
Signature				

TEMIZED INDEPENDENT EXPENDI	TURES				PAGE 93 OF 124 FOR LINE 24 OF FORM 3X
				FEC I	DENTIFICATION NUMBER V
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour re	port New re	eport Amends repo		1 = M	
Full Name of Payee		Memo I	tem Date	of Publi	ic Distribution/Dissemination
CCAN Media, LLC				11 <sup>M</sup>	/ D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amou	int	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D : SE.4923 ursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11 <sup>1</sup>	
Name of Federal Candidate		Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	_	Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursemer 2016		✓   Primary   General     pecify) ►
Full Name of Payee		Memo Ite	em Date	of Publ	ic Distribution/Dissemination
CCAN Media, LLC			- I P	11 <sup>M</sup>	/ D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amou	-	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D : SE.4924 ursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		<sup>M</sup> 11	/ 06 / Y Y Y Y 2015
Name of Federal Candidate		X Support	Office Soug	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	lent [	Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursemen 2016		Primary General
(a) SUBTOTAL of Itemized Independent E	xpenditures			-7-	4630.94
(b) SUBTOTAL of Uniternized Independent	Expenditures		••		
(c) TOTAL Independent Expenditures				-7	
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authoriz				
William L. Bethea Jr.	[Electro	onically Filed] Date	06	02	/ Y Y Y Y Y 2016
Signature				<u> </u>	4 [

TEMIZED INDEPENDENT EXPENDIT	UNES				PAGE 94 OF 124 FOR LINE 24 OF FORM 3X
				FEC I	DENTIFICATION NUMBER V
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour rep	port New re	eport Amends repo	ort filed on	M	/ D = D / Y = Y = Y = Y
Full Name of Payee		Memo l	tem Date	e of Publ	ic Distribution/Dissemination
CCAN Media, LLC				<sup>M</sup> 11	/ D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amo	ount	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D: SE.4925 pursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004			/ 06 / Y Y Y Y 2015
Name of Federal Candidate		Support	Office Sou	ght:	House District:
Lindsey O. Graham		Oppose	X Presi		Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disburseme 2016		Primary General pecify) ▶
Full Name of Payee		Memo Ite			lic Distribution/Dissemination
CCAN Media, LLC				M M 11	/ D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amo		
City	State	Zip Code			7565.47
Paeonian Springs	VA	20129			<b>D : SE.4926</b> bursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		M M 11	/ D D / Y Y Y Y 06 2015
Name of Federal Candidate		X Support	Office Sou	abt:	House District:
Lindsey O. Graham			Presi		Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		178099.47	Disburseme 2016		Primary General
				Other (s	specify) ►
(a) SUBTOTAL of Itemized Independent Ex	penditures		••	-7	9880.94
(b) SUBTOTAL of Unitemized Independent	Expenditures		••	-7	
(c) TOTAL Independent Expenditures				-7	7
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	candidate or authoriz				
William L. Bethea Jr.	[Electr	onically Filed] Date	06	/ 02	2016
Signature					

TEMIZED INDEPENDENT EXPEND	IIURES			PAGE 95 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER V
Security Is Strength PAC			C	C00573733
Check if 24-hour report 48-hour	report New	report Amends rep	ort filed on	M / D D / Y Y Y Y Y Y
Full Name of Payee CCAN Media, LLC		🗌 Memo I	M	
Mailing Address 40055 Glenmore Court			11 Amount	10 2015
City	State	Zip Code		2315.47
Paeonian Springs	VA	20129		on ID : SE.4927 Disbursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004	11	
Name of Federal Candidate		Support	Office Sought:	House District:
Lindsey O. Graham		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursement F 2016 Othe	or: X Primary General General General
Full Name of Payee CCAN Media, LLC		🗌 Memo It	Date of	
Mailing Address 40055 Glenmore Court			11 Amount	10 2015
City	State	Zip Code		2315.47
Paeonian Springs	VA	20129		on ID : SE.4928 Disbursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004	11	
Name of Federal Candidate		X Support	Office Sought:	House District:
Lindsey O. Graham		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursement F 2016	For: X Primary General er (specify) ►
(a) SUBTOTAL of Itemized Independent I	Expenditures			4630.94
(b) SUBTOTAL of Unitemized Independent	t Expenditures		•••	-72 I -72 I -72 I
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or autho			
William L. Bethea Jr.	[Ele	ctronically Filed] Date	00	02 / Y Y Y Y Y Y
Signature			· Lil L	ليثنيا ل

TEMIZED INDEPENDENT EXPENDI	TURES				PAGE 96 OF 124 FOR LINE 24 OF FORM 3X
				FEC I	DENTIFICATION NUMBER V
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour re	port New re	eport Amends repo		1 = M	
Full Name of Payee		Memo I	em Date	of Publ	ic Distribution/Dissemination
CCAN Media, LLC				11 <sup>M</sup>	/ D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amou	int	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D : SE.4929 ursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11 <sup>M</sup>	/ 06 / Y Y Y Y 2015
Name of Federal Candidate		Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursemer 2016		✓ Primary General pecify) ►
Full Name of Payee		Memo Ite	em Date	of Publ	ic Distribution/Dissemination
CCAN Media, LLC				11 <sup>M</sup>	/ D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amou	_	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D : SE.4931 pursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		<sup>M</sup> 11	/ 06 / Y Y Y Y 2015
Name of Federal Candidate		Support	Office Soug	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	lent	Senate State: ME
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursemen 2016		Primary General
(a) SUBTOTAL of Itemized Independent E			•	-7	4630.94
(b) SUBTOTAL of Unitemized Independent	Expenditures		• • [	-7	
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authoriz				
William L. Bethea Jr.	[Electro	onically Filed] Date	06	02	/ Y Y Y Y 2016
Signature				<u> </u>	

EMIZED INDEPENDENT EXPEND	TURES				PAGE 97 OF 124 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER V
Security Is Strength PAC				С	C00573733
heck if 24-hour report 48-hour re	eport New r	eport Amends repo	ort filed on	M	
Full Name of Payee		Memo l	tem Date	of Publ	lic Distribution/Dissemination
CCAN Media, LLC				<sup>M</sup> 11	/ D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amo	ount	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D: SE.4932 pursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11 11	/ D D / Y Y Y Y 06 / 2015
Name of Federal Candidate		Support	Office Soug	ght:	House District:
Lindsey O. Graham		Oppose	X Presi		Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disburseme 2016		X   Primary   General     specify) ►
Full Name of Payee		Memo Ite			lic Distribution/Dissemination
CCAN Media, LLC				M M	/ D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amo	_	10 2013
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D: SE.4933 pursement or Obligation
Purpose of Expenditure		Category/ 004		M M	
Television advertising		Туре 004	_	11	06 2015
Name of Federal Candidate		X Support	Office Sou	ght:	House District:
Lindsey O. Graham		Oppose	X Presi	dent	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disburseme 2016		Primary General
(a) SUBTOTAL of Itemized Independent E	xpenditures				specify) ▶4630.94
(b) SUBTOTAL of Uniternized Independent	Expenditures		••		
(c) TOTAL Independent Expenditures			••	-1	
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	y candidate or authoriz				
William L. Bethea Jr.	[Electr	onically Filed] Date	06	02	2016
Signature					

ITEMIZED INDEPENDENT EXPENDI	TURES			PAGE 98 OF 124 FOR LINE 24 OF FORM 3X
				FEC IDENTIFICATION NUMBER V
Security Is Strength PAC				C C00573733
Check if 24-hour report 48-hour re	port New re	eport Amends repo		
Full Name of Payee CCAN Media, LLC		🗌 Memo It	Duio	of Public Distribution/Dissemination
Mailing Address 40055 Glenmore Court			Amou	
City	State	Zip Code		2315.47
Paeonian Springs	VA	20129		action ID : SE.4934 of Disbursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004	М	11 / 06 / Y Y Y Y 2015
Name of Federal Candidate		X Support	Office Sough	nt: House District:
Lindsey O. Graham		Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursemen 2016	nt For: X Primary General
Full Name of Payee		Memo Ite	em Date	of Public Distribution/Dissemination
CCAN Media, LLC			N	11 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 40055 Glenmore Court			Amou	
City	State	Zip Code		2315.47
Paeonian Springs	VA	20129		action ID : SE.4935 of Disbursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004	N.	11 / 06 / Y Y Y Y 2015
Name of Federal Candidate		X Support	Office Sough	ht: House District:
Lindsey O. Graham		Oppose	X Preside	lent Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursemen 2016	nt For: X Primary General
(a) SUBTOTAL of Itemized Independent E	xpenditures			4630.94
(b) SUBTOTAL of Uniternized Independent	Expanditures			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorize			
William L. Bethea Jr.	[Electro	onically Filed] Date	06 /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

TEMIZED INDEPENDENT EXPEND	ITURES			PAGE 99 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER V
Security Is Strength PAC				С С00573733
Check if 24-hour report 48-hour	report Ne	ew report Amends rep		
Full Name of Payee		Memo I	tem Date	of Public Distribution/Dissemination
CCAN Media, LLC				11 / D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amou	unt
City	State	Zip Code		2315.47
Paeonian Springs	VA	20129		action ID : SE.4936 of Disbursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11 / D D / Y Y Y Y 106 / 2015
Name of Federal Candidate		Support	Office Sough	nt: House District:
Lindsey O. Graham		Oppose	X Presid	ent Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursemer 2016	nt For: X Primary General Dther (specify) ►
Full Name of Payee CCAN Media, LLC		🗌 Memo It	Date	of Public Distribution/Dissemination
Mailing Address 40055 Glenmore Court			Amou	11 10 2015 unt
City	State	Zip Code		2315.47
Paeonian Springs	VA	20129		action ID : SE.4938 of Disbursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11 / 06 / Y Y Y Y Y 11 06 / 2015
Name of Federal Candidate		Support	Office Soug	ht: House District:
Lindsey O. Graham		Oppose	X Presid	lent Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursemen 2016	nt For: X Primary General
(a) SUBTOTAL of Itemized Independent	Expenditures			4630.94
(b) SUBTOTAL of Unitemized Independe	nt Expenditures		··· •	
(c) TOTAL Independent Expenditures			•	· · · · · · · · · ·
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or auth			
William L. Bethea Jr.	[ <b>E</b> i	lectronically Filed] Dat	e 06 /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

ITEMIZED INDEPENDENT EXPENDI	TURES			PAGE 100 OF 124 FOR LINE 24 OF FORM 3X
				FEC IDENTIFICATION NUMBER V
Security Is Strength PAC				C C00573733
Check if 24-hour report 48-hour re	port New re	port Amends repo		
Full Name of Payee CCAN Media, LLC		Memo It	em Date	of Public Distribution/Dissemination
Mailing Address			[	11 / D D / Y Y Y Y 2015
40055 Glenmore Court			Amo	unt
City	State	Zip Code		2315.47
Paeonian Springs	VA	20129		action ID : SE.4939 of Disbursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11 / D D / Y Y Y Y 2015
Name of Federal Candidate		X Support	Office Soug	ht: House District:
Lindsey O. Graham		Oppose	X Presid	dent Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disburseme 2016	ent For: X Primary General Other (specify)
Full Name of Payee		Memo Ite	em Date	e of Public Distribution/Dissemination
CCAN Media, LLC				M M / D D / Y Y Y Y 11 10 2015
Mailing Address 40055 Glenmore Court			Amo	punt
City	State	Zip Code		2315.47
Paeonian Springs	VA	20129		action ID : SE.4940 e of Disbursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11 / D D / Y Y Y Y 11 / 06 / 2015
Name of Federal Candidate		X Support	Office Soug	ght: House District:
Lindsey O. Graham		Oppose	X Presi	dent Senate State: <u>NE</u>
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disburseme 2016	ent For: X Primary General Other (specify) ►
(a) SUBTOTAL of Itemized Independent E	xpenditures			4630.94
(b) SUBTOTAL of Unitemized Independent	Expenditures		••	
(c) TOTAL Independent Expenditures			•	· · · · · · · · · · ·
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorize			
William L. Bethea Jr.	[Electro	nically Filed] Date	06	02 / Y Y Y Y 02 2016
Signature				

TEMIZED INDEPENDENT EXPENDI	IURES			PAGE 101 OF 124 FOR LINE 24 OF FORM 3X
				FEC IDENTIFICATION NUMBER <b>▼</b>
Security Is Strength PAC				С С00573733
Check if 24-hour report 48-hour re	port New re	eport Amends repo	ort filed o	n /
Full Name of Payee		Memo l	tem j	Date of Public Distribution/Dissemination
CCAN Media, LLC				11 / D D / Y Y Y Y 11 10 2015
Mailing Address 40055 Glenmore Court			,	Amount
City	State	Zip Code		2315.47
Paeonian Springs	VA	20129		ransaction ID : SE.4941 Date of Disbursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11 / D D / Y Y Y Y 2015
Name of Federal Candidate		Support	Office S	Sought: House District:
Lindsey O. Graham		Oppose		President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disburs 2016	sement For: X Primary General
Full Name of Payee		Memo Ite	em	Date of Public Distribution/Dissemination
CCAN Media, LLC				M M / D D / Y Y Y Y 11 10 2015
Mailing Address 40055 Glenmore Court				Amount
City	State	Zip Code		18326.47
Paeonian Springs	VA	20129		ransaction ID : SE.4942 Date of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y
Television advertising		Type 004		11 06 2015
Name of Federal Candidate		X Support	Office S	Sought: House District:
Lindsey O. Graham		Oppose	X F	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		2102813.17	Disburs 2016	sement For: X Primary General
(a) SUBTOTAL of Itemized Independent Ex	xpenditures			20641.94
(b) SUBTOTAL of Unitemized Independent	Expenditures		••	
(c) TOTAL Independent Expenditures			·· •	
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committ	y candidate or authoriz			
William L. Bethea Jr.	[Electr	onically Filed] Date	06	M / D D / Y Y Y Y Y 02 2016
Signature				

ITEMIZED INDEPENDENT EXPEND	ITURES				PAGE 102 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER V
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour r	report New re	eport Amends repo	ort filed on	M M	/ D = D / Y = Y = Y = Y
Full Name of Payee CCAN Media, LLC		Memo l	tem Date		ic Distribution/Dissemination
				<sup>M</sup> 11	/ D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amo	ount	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D: SE.4944 ursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		M M 11	/ D D / Y Y Y Y 06 2015
Name of Federal Candidate		X Support	Office Sou	ght:	House District:
Lindsey O. Graham		Oppose	X Presi	dent	Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disburseme 2016		X   Primary   General     pecify) ►
Full Name of Payee		Memo Ite	em Date	e of Publ	lic Distribution/Dissemination
CCAN Media, LLC				<sup>M</sup> 11	/ D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amo	ount	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D: SE.4945 pursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		M 11	/ DOG / Y Y Y Y 2015
Name of Federal Candidate		Support	Office Sou	ght:	House District:
Lindsey O. Graham		Oppose	X Pres	ident [	Senate State: NM
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disburseme 2016		Primary General
(a) SUBTOTAL of Itemized Independent I	Expenditures				4630.94
				-7-	1000.04
(b) SUBTOTAL of Unitemized Independer	nt Expenditures		••	-7	
(c) TOTAL Independent Expenditures			·· •	-7	
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authoriz				
William L. Bethea Jr.	[Electr	onically Filed] Date	e 06	/ 02	/ Y Y Y Y Y 2016
Signature					

FEMIZED INDEPENDENT EXPENDI	TURES				PAGE 103 OF 124 FOR LINE 24 OF FORM 3X
JAME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER <b>V</b>
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour re	port New r	eport Amends repo		M = M	
Full Name of Payee		Memo I	tem Date	of Publi	ic Distribution/Dissemination
CCAN Media, LLC			- I F	<sup>M</sup> 11	/ D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amo	unt	
City	State	Zip Code			2315.48
Paeonian Springs	VA	20129			D : SE.4946 ursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11 <sup>1</sup>	
Name of Federal Candidate		Support	Office Soug	nt:	House District:
Lindsey O. Graham		Oppose	X Presic		Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		2315.48	Disbursemer 2016		✓   Primary   General     pecify) ►
Full Name of Payee		Memo Ite	<u> </u>		ic Distribution/Dissemination
CCAN Media, LLC			- I I	<sup>M</sup> 11	/ D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amo	_	10 2013
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D: SE.4947 ursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		<sup>M</sup> 11	/ D D / Y Y Y Y 06 / 2015
Name of Federal Candidate		Support	Office Soug	ht:	House District:
Lindsey O. Graham		Oppose	X Presid	L	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disburseme 2016		Primary General
(a) SUBTOTAL of Itemized Independent E	xpenditures				4630.95
(b) SUBTOTAL of Unitemized Independent	Expenditures		•		
(c) TOTAL Independent Expenditures			•	-7	
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authoriz				
William L. Bethea Jr.	[Electr	onically Filed] Date	06	02	/ Y Y Y Y Y 2016
Signature				L	

ITEMIZED INDEPENDENT EXPENDI	TURES			PAGE 104 OF 124 FOR LINE 24 OF FORM 3X
				FEC IDENTIFICATION NUMBER V
Security Is Strength PAC				С С00573733
Check if 24-hour report 48-hour re	port New re	port Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee CCAN Media, LLC		Memo It	em Date	e of Public Distribution/Dissemination
· · · · · · · · · · · · · · · · · · ·				11 10 Y Y Y Y Y 11 10 2015
Mailing Address 40055 Glenmore Court			Amo	punt
City	State	Zip Code		2315.47
Paeonian Springs	VA	20129		action ID : SE.4948 e of Disbursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		M M / D D / Y Y Y Y Y 11 06 / 2015
Name of Federal Candidate		Support	Office Soug	ght: House District:
Lindsey O. Graham		Oppose	X Presid	dent Senate State: ND
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disburseme	ent For: X Primary General Other (specify) ►
Full Name of Payee		🗌 Memo lte	em Date	e of Public Distribution/Dissemination
CCAN Media, LLC				M M / D D / Y Y Y Y 11 10 2015
Mailing Address 40055 Glenmore Court			Amc	
City	State	Zip Code		2315.47
Paeonian Springs	VA	20129		saction ID : SE.4950 e of Disbursement or Obligation
Purpose of Expenditure Television advertising		Category/ 004		11 06 2015
		Туре		2013
Name of Federal Candidate		Support	Office Soug	
Lindsey O. Graham		Oppose	X Presi	
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disburseme 2016	ent For: X Primary General Other (specify) ►
(a) SUBTOTAL of Itemized Independent E	xpenditures			4630.94
			·	-7
(b) SUBTOTAL of Uniternized Independent	Expenditures		• •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorize			
William L. Bethea Jr.	[Electro	nically Filed] Date	06	02 / Y Y Y Y Y 02 2016
Signature				

TEMIZED INDEPENDENT EXPENDIT	URES				PAGE 105 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER V
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour rep	port New m	eport Amends repo		M	/ D = D / Y = Y = Y = Y
Full Name of Payee CCAN Media, LLC		🗌 Memo It	Duio	of Publ	ic Distribution/Dissemination
Mailing Address			— L	11	10 2015
40055 Glenmore Court			Amou	int	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D: SE.4951 pursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11 11	/ D D / Y Y Y Y 06 / 2015
Name of Federal Candidate		Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	ent [	Senate State: OK
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursemer 2016		Primary General
Full Name of Payee		Memo Ite		-	pecify) ►
CCAN Media, LLC			Date		
Mailing Address 40055 Glenmore Court			Amou	11 unt	10 2015
01	01-1-	7			2315.47
City Paeonian Springs	State VA	Zip Code 20129			D : SE.4952 Dursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		<sup>M</sup> 11	/ D D / Y Y Y Y 2015
Name of Federal Candidate		Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	ent	Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursemer 2016		Primary General
(a) SUBTOTAL of Itemized Independent Ex	penditures	y		Other (s	specify) ►4630.94
(b) SUBTOTAL of Uniternized Independent	Expenditures		•	-7	
(c) TOTAL Independent Expenditures			•	-7	
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authoriz				
William L. Bethea Jr.	[Electr	conically Filed] Date	M M /	02	2016
Signature					

TEMIZED INDEPENDENT EXPENDIT	URES				PAGE 106 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC I	IDENTIFICATION NUMBER V
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour rep	port New re	eport Amends repo		M = M	
Full Name of Payee CCAN Media, LLC		Memo I	Duio	of Publ	lic Distribution/Dissemination
Mailing Address			Ľ	11	10 2015
40055 Glenmore Court			Amou	ınt	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D: SE.4953 pursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11 <sup>M</sup>	/ D D / Y Y Y Y 06 / 2015
Name of Federal Candidate		Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	ent	Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursemer 2016		Primary General
Full Name of Payee		Memo Ite			specify) ►
CCAN Media, LLC			Date	M M	
Mailing Address 40055 Glenmore Court			— L	11	10 2015
40055 Glenmore Court			Amo	unt	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D : SE.4954 Dursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		<sup>M</sup> 11	/ 06 / Y Y Y Y 2015
Name of Federal Candidate		Support	Office Soug	ht:	House District:
Lindsey O. Graham		Oppose	X Presid	lent	Senate State: RI
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disburseme		Primary General
(a) SUBTOTAL of Itemized Independent Ex	penditures			Other (s	specify) ►
(b) SUBTOTAL of Unitemized Independent	Expenditures		• •		
(c) TOTAL Independent Expenditures			•	-1	
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	/ candidate or authoriz				
William L. Bethea Jr.	[Electre	onically Filed] Date	06	02	2016
Signature				<u> </u>	

EMIZED INDEPENDENT EXPENDI	TURES			L	PAGE 107 OF 124 FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)				FEC ID	ENTIFICATION NUMBER V
Security Is Strength PAC				C	00573733
heck if 24-hour report 48-hour re	eport New re	eport Amends rep	ort filed or	n/	
Full Name of Payee		Memo I	tem [	Date of Public	Distribution/Dissemination
CCAN Media, LLC				11 <sup>//</sup>	10 / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			A	Amount	
City	State	Zip Code			9565.47
Paeonian Springs	VA	20129		ansaction ID	: SE.4955 rsement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11 /	D D / 2015
Name of Federal Candidate		Support	Office S	Sought:	House District:
Lindsey O. Graham		Oppose		resident	Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		9565.47	Disburse 2016	ement For:	Primary General
Full Name of Payee		Memo It	em [	Date of Public	Distribution/Dissemination
CCAN Media, LLC				M M /	D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			,	Amount	10 2013
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129		ransaction ID	: SE.4956 rsement or Obligation
Purpose of Expenditure Television advertising		Category/ 004		M M /	
relevision adventising		Type 004		11	06 2015
Name of Federal Candidate		X Support	Office S	Sought:	House District:
Lindsey O. Graham		Oppose	XP	President	Senate State: SD
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disburs 2016	ement For:	Primary General
(a) SUBTOTAL of Itemized Independent E	xpenditures				11880.94
(b) SUBTOTAL of Unitemized Independent	Expenditures		▶		
(c) TOTAL Independent Expenditures			•••		· · · · · · · ·
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authoriz				
William L. Bethea Jr.	[Electr	onically Filed] Dat	e 06	/ D D 02	2016
Signature			~ <b></b>		

ITEMIZED INDEPENDENT EXPENDITURES	5				PAGE 108 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER V
Security Is Strength PAC				С	C00573733
			-		
Check if 24-hour report 48-hour report	New rep	ort Amends repo		1 M	
Full Name of Payee CCAN Media, LLC		Memo It	em Date	of Publi	c Distribution/Dissemination
· · · · · · · · · · · · · · · · · · ·				11	/ D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amou	int	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D: SE.4957 ursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11	$\begin{array}{c} 2015 \\ 06 \end{array} \\ \begin{array}{c} 2015 \\ 2015 \end{array}$
Name of Federal Candidate		Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	ent	Senate State: TN
Calendar Year-To-Date		2315.47	Disbursemer 2016	nt For:	Primary General
Per Election for Office Sought			C	Other (sp	pecify) ►
Full Name of Payee CCAN Media, LLC		Memo Ite	Dale	of Publi	C Distribution/Dissemination
Mailing Address			Ľ	11	10 2015
40055 Glenmore Court			Amou	unt	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D : SE.4959 ursement or Obligation
Purpose of Expenditure		Category/ 004		M M	/ D D / Y Y Y Y
Television advertising		Туре 004	L	11	06 2015
Name of Federal Candidate		X Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	lent	Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursemer 2016		Primary General
				Other (s	pecify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	res				4630.94
				-7-	
(b) SUBTOTAL of Unitemized Independent Expendent	litures		• •		
			_		
(c) TOTAL Independent Expenditures				-7-	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized				
William L. Bethea Jr.	[Electron	ically Filed] Date	06	02	/ Y Y Y Y Y 2016
Signature				<u> </u>	
remized independent expendi	TURES			PAGE 109 OF 124 FOR LINE 24 OF FORM 3X	
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				FEC IDENTIFICATION NUMBER V	
Security Is Strength PAC				C C00573733	
Check if 24-hour report 48-hour re	port New re	eport Amends repo	ort filed on		
Full Name of Payee		Memo l	tem Di	ate of Public Distribution/Dissemination	
CCAN Media, LLC				M M / D D / Y Y Y Y 11 10 2015	
Mailing Address 40055 Glenmore Court			A	mount	
City	State	Zip Code		2315.47	
Paeonian Springs	VA	20129		ansaction ID : SE.4960 ate of Disbursement or Obligation	
Purpose of Expenditure Television advertising		Category/ Type 004		11 / 06 / 2015	
Name of Federal Candidate		Support	Office So	ought: House District:	
Lindsey O. Graham		Oppose		- <u> </u>	
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disburse 2016	ment For: X Primary General Other (specify) ►	
Full Name of Payee		Memo Ite	em D	ate of Public Distribution/Dissemination	
CCAN Media, LLC				M M / D D / Y Y Y Y 11 10 2015	
Mailing Address 40055 Glenmore Court			A	mount	
City	State	Zip Code	— [	2315.47	
Paeonian Springs	VA	20129		ansaction ID : SE.4961 bate of Disbursement or Obligation	
Purpose of Expenditure Television advertising		Category/ 004		M M / D D / Y Y Y Y	
relevision advertising		Туре		11 06 2015	
Name of Federal Candidate		X Support	Office So	ought: House District:	
Lindsey O. Graham		Oppose		esident Senate State: VT	
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disburse 2016	ement For: X Primary General	
(a) SUBTOTAL of Itemized Independent E	kpenditures		·· ▶ [	4630.94	
(b) SUBTOTAL of Uniternized Independent	Expenditures		••		
(c) TOTAL Independent Expenditures				· · · · · · · · · · ·	
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party committ	y candidate or authoriz				
William L. Bethea Jr.	[Electr	onically Filed] Date	- 06	/ D D / Y Y Y Y Y 02 2016	
Signature					

TEMIZED INDEPENDENT EXPENDITU	JRES				PAGE 110 OF 124 FOR LINE 24 OF FORM 3X
				FEC I	DENTIFICATION NUMBER V
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour repo	rt 🗌 New re	eport Amends repo		M = M	/ D = D / Y = Y = Y = Y
Full Name of Payee CCAN Media, LLC		Memo It	Duto	of Publ	ic Distribution/Dissemination
Mailing Address			L	11	10 2015
40055 Glenmore Court			Amou	ınt	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D: SE.4962 pursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11 <sup>M</sup>	/ D D / Y Y Y Y 06 / 2015
Name of Federal Candidate		Support	Office Soug	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	ent [	Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursemer 2016		Primary General
Full Name of Payee	, , ,	Memo Ite			pecify)
CCAN Media, LLC			Date		lic Distribution/Dissemination
Mailing Address			— L	11	10 2015
40055 Glenmore Court			Amo	unt	
City	State	Zip Code			2315.47
Paeonian Springs	VA	20129			D: SE.4963 pursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		M 11	/ D D / Y Y Y Y 06 / 2015
Name of Federal Candidate					
Lindsey O. Graham		Support Oppose	Office Soug	1	House District:
		Oppose	Disburseme		Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		2315.47	2016		specify) ►
(a) SUBTOTAL of Itemized Independent Expe	enditures				4630.94
(b) SUBTOTAL of Unitemized Independent E	xpenditures		•	-7	
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any of party committee) any political party committee	candidate or authoriz				
William L. Bethea Jr.	[Electr	onically Filed] Date	M M /	02	2016
Signature					

ITEMIZED INDEPENDENT EXPENDI	TURES			PAGE 111 OF 124 FOR LINE 24 OF FORM 3X
				FEC IDENTIFICATION NUMBER V
Security Is Strength PAC				C C00573733
Check if 24-hour report 48-hour re	eport New re	port Amends repo		
Full Name of Payee CCAN Media, LLC		Memo It	em Date	of Public Distribution/Dissemination
· · · · · · · · · · · · · · · · · · ·			[	11 / D D / Y Y Y Y 10 2015
Mailing Address 40055 Glenmore Court			Amo	unt
City	State	Zip Code		2315.47
Paeonian Springs	VA	20129		action ID : SE.4964 of Disbursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 004		11 / D D / Y Y Y Y 2015
Name of Federal Candidate		Support	Office Soug	ht: House District:
Lindsey O. Graham		Oppose	X Presid	dent Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disburseme 2016	nt For: X Primary General
Full Name of Payee		Memo Ite	em Date	of Public Distribution/Dissemination
CCAN Media, LLC			1	M M / D D / Y Y Y Y 11 10 2015
Mailing Address 40055 Glenmore Court			Amo	
City	State	Zip Code		5715.47
Paeonian Springs	VA	20129		action ID : SE.4965
Purpose of Expenditure Television advertising		Category/ Type 004		11 / 06 / Y Y Y Y Y 2015
Name of Federal Candidate		Support	Office Soug	ht: House District:
Lindsey O. Graham		Oppose	X Presid	dent Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		5715.47	Disburseme	ent For: X Primary General
(a) SUBTOTAL of Itemized Independent E				8030.94
(b) SUBTOTAL of Unitemized Independent	Experialates		· • L.	
(c) TOTAL Independent Expenditures			•	· · · · · · · · · ·
Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorize			
William L. Bethea Jr.	[Electro	mically Filed] Date	, <sup>M</sup> 06 /	02 / Y Y Y Y 02 2016
Signature				

EMIZED INDEPENDENT EXPENDIT	URES			PAGE 112 OF 124 FOR LINE 24 OF FORM 3X
				FEC IDENTIFICATION NUMBER V
Security Is Strength PAC				С С00573733
Check if 24-hour report 48-hour rep	oort New r	eport Amends repo	ort filed on	
Full Name of Payee		Memo I	tem Da	ate of Public Distribution/Dissemination
CCAN Media, LLC				M M / D D / Y Y Y Y 11 10 2015
Mailing Address 40055 Glenmore Court			Am	nount
City	State	Zip Code		2315.47
Paeonian Springs	VA	20129		nsaction ID : SE.4966 ate of Disbursement or Obligation
Purpose of Expenditure Television advertising		Category/ Type 001		$\begin{array}{c c} \hline \\ 11 \\ 11 \\ 11 \\ 11 \\ 11 \\ 11 \\ 12 $
Name of Federal Candidate		Support	Office Sou	ught: House District:
Lindsey O. Graham		Oppose	X Pres	
Calendar Year-To-Date Per Election for Office Sought		2315.47	Disbursen 2016	nent For: X Primary General
Full Name of Payee MH Media, LLC		🗌 Memo Ite	em Da	ate of Public Distribution/Dissemination
Mailing Address 282 35th Street			An	07 31 2015 nount
City	State	Zip Code	— Г	372284.00
Avalon	NJ	08202		nsaction ID : SE.4802 ate of Disbursement or Obligation
Purpose of Expenditure Television advertising (placement costs)		Category/ Type 004		077 / 277 / 2015
Name of Federal Candidate		Support	Office So	ought: House District:
Lindsey O. Graham		Oppose	X Pre	esident Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		372284.00	Disbursen 2016	ment For: X Primary General
(a) SUBTOTAL of Itemized Independent Ex	penditures			374599.47
(b) SUBTOTAL of Unitemized Independent	Expenditures		• •	
(c) TOTAL Independent Expenditures				· · · · · · · · · · ·
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authoriz			
William L. Bethea Jr.	[Electr	conically Filed] Date	, <sup>M</sup> M	02 / Y Y Y Y Y 02 2016
Signature				

EMIZED INDEPENDENT EXPENDITUR	RES				PAGE 113 OF 124 FOR LINE 24 OF FORM 3X
				FEC ID	ENTIFICATION NUMBER V
Security Is Strength PAC				C	000573733
heck if 24-hour report 48-hour report	New r	eport Amends rep		M M /	
Full Name of Payee		Memo I	tem Date	of Public	Distribution/Dissemination
MH Media, LLC			- I I	07 /	D D / Y Y Y Y 31 2015
Mailing Address 282 35th Street			Amo	unt	
City	State	Zip Code			127716.00
Avalon	NJ	08202			: SE.4803 rsement or Obligation
Purpose of Expenditure Television advertising (placement costs)		Category/ Type 004		07 /	D D / 2015
Name of Federal Candidate		Support	Office Soug	ht:	House District:
Lindsey O. Graham		Oppose	X Presid		Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		165216.00	Disburseme 2016	nt For: Other (sp	✓ Primary General ecify) ►
Full Name of Payee		🗌 Memo It	em Date	of Public	Distribution/Dissemination
MH Media, LLC			- I I	M M /	D D / Y Y Y Y 31 2015
Mailing Address 282 35th Street			Amo		31 2015
City	State	Zip Code			10324.00
Avalon	NJ	08202			: SE.4804 Irsement or Obligation
Purpose of Expenditure Television advertising (production costs)		Category/ Type 004		<sup>M</sup> 07	D 27 Y Y Y Y Y 2015
Name of Federal Candidate		Support	Office Soug	ht:	House District:
Lindsey O. Graham		Oppose	X Presid		Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		382608.00	Disburseme 2016	nt For: Other (sp	Primary General
(a) SUBTOTAL of Itemized Independent Expen	ditures				138040.00
(b) SUBTOTAL of Unitemized Independent Exp	penditures		••• •		
(c) TOTAL Independent Expenditures			•••	-7-	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authoriz				
William L. Bethea Jr.	[Electr	onically Filed]			2016
		Dat	<u>م</u> 06	02	

EMIZED INDEPENDENT EXPENDIT	URES				PAGE 114 OF 124 FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER V
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour rep	ort New re	eport Amends repo		M	/ D D / Y Y Y Y Y Y
Full Name of Payee		Memo II	tem Date	of Publ	ic Distribution/Dissemination
MH Media, LLC				<sup>M</sup> 07	/ D D / Y Y Y Y 31 2015
Mailing Address 282 35th Street			Amo	unt	
City	State	Zip Code			5318.00
Avalon	NJ	08202			D: SE.4805 bursement or Obligation
Purpose of Expenditure Television advertising (production costs)		Category/ Type 004		07 <sup>M</sup>	/ D D / Y Y Y Y 27 / 2015
Name of Federal Candidate		Support	Office Soug	ht:	House District:
Lindsey O. Graham		Oppose	X Presid	L	Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		170534.00	Disburseme		Primary General
Full Name of Payee		Memo Ite			lic Distribution/Dissemination
MH Media, LLC			- I I	M M 09	/ D D / Y Y Y Y 14 2015
Mailing Address 282 35th Street			Amo	_	14 2013
City	State	Zip Code			1075448.00
Avalon	NJ	08202			D: SE.4806 bursement or Obligation
Purpose of Expenditure Television advertising (placement costs)		Category/ Type 004		08	/ 28 / Y Y Y Y 2015
Name of Federal Candidate		Support	Office Souce	ht:	House District:
Lindsey O. Graham		Oppose	X Presi	· .	Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		1458056.00	Disburseme 2016		Primary General
(a) SUBTOTAL of Itemized Independent Exp	penditures			Other (s	1080766.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		••	-7	
(c) TOTAL Independent Expenditures			•		1 1 1 1 1 1
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authoriz				
William L. Bethea Jr.	[Electro	onically Filed] Date	06	02	2016
Signature					

EMIZED INDEPENDENT EXPENDIT	URES				PAGE 115 OF 124 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full) Security Is Strength PAC				FEC	IDENTIFICATION NUMBER <b>V</b>
				С	C00573733
heck if 24-hour report 48-hour rep	port New re	eport Amends repo	ort filed on	M	
Full Name of Payee		Memo li	tem Date	of Pub	lic Distribution/Dissemination
MH Media, LLC				<sup>M</sup> 10 <sup>M</sup>	/ D D / Y Y Y Y 05 2015
Mailing Address 282 35th Street			Amo	unt	
City	State	Zip Code			410000.00
Avalon	NJ	08202			D: SE.4968 bursement or Obligation
Purpose of Expenditure Television advertising (placement costs)		Category/ Type 004		10 <sup>M</sup>	/ 01 / Y Y Y Y 2015
Name of Federal Candidate		Support	Office Soug	jht:	House District:
Lindsey O. Graham		Oppose	X Presi		Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		2025964.70	Disburseme 2016		Primary General
Full Name of Payee		Memo Ite	em Date	e of Pub	lic Distribution/Dissemination
MH Media, LLC				M M 10	/ D D / Y Y Y Y 09 2015
Mailing Address 282 35th Street			Amo		0.0
City	State	Zip Code			30000.00
Avalon	NJ	08202			ID : SE.4969 bursement or Obligation
Purpose of Expenditure		Category/ 004		M M	
Radio advertising (placement costs)		Type 004		10	01 2015
Name of Federal Candidate		X Support	Office Sou	ght:	House District:
Lindsey O. Graham		Oppose	X Presi	dent	Senate State: <u>NH</u>
Calendar Year-To-Date		2055964.70	Disburseme	ent For:	X Primary General
Per Election for Office Sought		2055904.70		Other (s	specify) ►
(a) SUBTOTAL of Itemized Independent Ex	penditures				440000.00
				-7	
(b) SUBTOTAL of Unitemized Independent	Expenditures		• •		
(c) TOTAL Independent Expenditures			••	7	
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	/ candidate or authoriz				
William L. Bethea Jr.	[Electr	onically Filed]	D 06	02	2016
Signature		Date			

TEMIZED INDEPENDENT EXPENDITUR	ES				PAGE 116 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER V
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour report	New n	eport Amends repo		M M	
Full Name of Payee MH Media, LLC	~	🗌 Memo It	Duie	of Publ	lic Distribution/Dissemination
Mailing Address			— L	10	09 2015
282 35th Street			Amo	unt	
City	State	Zip Code			1242.00
Avalon	NJ	08202			D: SE.4972 pursement or Obligation
Purpose of Expenditure Radio advertising (production costs)		Category/ Type 004		10 <sup>M</sup>	/ D D / Y Y Y Y 01 / 2015
Name of Federal Candidate		Support	Office Soug	ht:	House District:
Lindsey O. Graham		Oppose	X Presid	lent [	Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		2057206.70	Disburseme		Primary General
Full Name of Payee		Memo Ite			lic Distribution/Dissemination
MH Media, LLC			- I I	<sup>M</sup> 10	/ D D / Y Y Y Y 01 2015
Mailing Address 282 35th Street			Amo	-	2013
City	State	Zip Code			12197.00
Avalon	NJ	08202			D: SE.4973 Dursement or Obligation
Purpose of Expenditure Television advertising (production costs)		Category/ Type 004		<sup>M</sup> 10	/ 02 / Y Y Y 2015
Name of Federal Candidate		X Support	Office Soug	ht:	House District:
Lindsey O. Graham		Oppose	X Presid	lent	Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		2069403.70	Disburseme		Primary General
(a) SUBTOTAL of Itemized Independent Expend	itures				13439.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	-7	
(c) TOTAL Independent Expenditures				-1	· · · · · · · ·
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authoriz				
William L. Bethea Jr.	[Electr	conically Filed] Date	, M M /	02	2016
Signature				<u> </u>	

TEMIZED INDEPENDENT EXPENI	DITURES			PAGE 117 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Security Is Strength PAC				C C00573733
Check if 24-hour report 48-hour	report New	report Amends rep		M M / D D / Y Y Y Y Y Y
Full Name of Payee		Memo I	tem Date	e of Public Distribution/Dissemination
MH Media, LLC			- I I	09 / <sup>14</sup> 2015
Mailing Address 282 35th Street			Amo	
City	State	Zip Code		15083.00
Avalon	NJ	08202		saction ID : SE.5059 e of Disbursement or Obligation
Purpose of Expenditure In-kind: television advertising (production	i costs)	Category/ Type 004		10 / 02 / Y Y Y Y 2015
Name of Federal Candidate		Support	Office Soug	ght: House District:
Lindsey O. Graham		Oppose	X Presi	·
Calendar Year-To-Date Per Election for Office Sought		2084486.70	Disburseme	ent For: X Primary General Other (specify)
Full Name of Payee MH Media, LLC		🗌 Memo It	em Date	e of Public Distribution/Dissemination
Mailing Address 282 35th Street			Amo	11 09 2015 ount
City	State	Zip Code		193.73
Avalon	NJ	08202		saction ID : SE.5010 e of Disbursement or Obligation
Purpose of Expenditure Mobile advertising (production cost)		Category/ Type 004		M = M / D = D / Y = Y = Y = Y 11 2015
Name of Federal Candidate		Support	Office Soug	ght: House District:
Lindsey O. Graham		Oppose	X Presi	ident Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		179195.16	Disburseme 2016	ent For: X Primary General Other (specify) ►
(a) SUBTOTAL of Itemized Independent	Expenditures			15276.73
(b) SUBTOTAL of Unitemized Independe	ant Expanditures			
(c) TOTAL Independent Expenditures			••	
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party comm	any candidate or author			
William L. Bethea Jr.	[Elec	tronically Filed] Date	e 06	/ D=D / Y=Y=Y=Y 02 2016
Signature				

	TURES			PAGE 118 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER V
Security Is Strength PAC				С С00573733
Check if 24-hour report 48-hour rep	port New re	eport Amends repo	ort filed on	
Full Name of Payee		Memo li	tem Date	e of Public Distribution/Dissemination
MH Media, LLC			Dale	11 09 2015
Mailing Address 282 35th Street			Amo	
City	State	Zip Code	- F	193.73
Avalon	NJ	08202		saction ID : SE.5011 e of Disbursement or Obligation
Purpose of Expenditure Mobile advertising (production cost)		Category/ Type 004		$\begin{array}{c} 11 \\ 11 \\ 11 \\ 11 \\ 11 \\ 11 \\ 11 \\ 11$
Name of Federal Candidate		Support	Office Soug	ght: House District:
Lindsey O. Graham		Oppose	X Presi	ident Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		2103908.86	Disburseme 2016	ent For: X Primary General Other (specify) ►
Full Name of Payee		Memo Ite		e of Public Distribution/Dissemination
MH Media, LLC				M M / D D / Y Y Y Y 11 09 2015
Mailing Address 282 35th Street			Amr	ount
		7		
City Avalon	State NJ	Zip Code 08202		193.73 saction ID : SE.5012 e of Disbursement or Obligation
Purpose of Expenditure Mobile advertising (production cost)		Category/ Type 004		11 / D D / 2015
Name of Federal Candidate		Support	Office Sou	ght: House District:
Lindsey O. Graham		Oppose	X Presi	vident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		3411.16	Disburseme 2016	
(a) SUBTOTAL of Itemized Independent Ex	cpenditures			Other (specify) ►
(b) SUBTOTAL of Unitemized Independent	Expenditures		·· ►	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committe	y candidate or authorize			
William L. Bethea Jr.	[Electro	onically Filed] Date	06	/ D D / Y Y Y Y 02 2016
Signature				

NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
Security Is Strength PAC	00573733
	,00573733
Check if 24-hour report 48-hour report New report Amends report filed on	
	Distribution/Dissemination
MH Media, LLC	D D / Y Y Y Y 09 2015
Mailing Address 282 35th Street Amount	
City State Zip Code	193.73
Avalon NJ 08202 Transaction ID	: SE.5013 sement or Obligation
Purpose of Expenditure Mobile advertising (production cost)     Category/ Type     004	D D / Y Y Y Y 11 / 2015
Name of Federal Candidate Support Office Sought:	House District:
Lindsey O. Graham Oppose President	Senate State: <u>NV</u>
	X Primary General
Per Election for Office Sought 3411.16 Other (spe	ecify) ►
Full Name of Payee     Memo Item       MH Media, LLC     Memo Item	Distribution/Dissemination
Mailing Address	09 2015
Amount Amount	
City State Zip Code	193.73
Avalon NJ 08202 Transaction ID Date of Disbut	: SE.5014 rsement or Obligation
Purpose of Expenditure Mobile advertising (production cost)     Category/ Type     004	D 10 / Y Y Y Y 11 / 2015
Name of Federal Candidate Support Office Sought:	House District:
Lindsey O. Graham Oppose President	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2016 Other (specific state)	Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	387.46
(a) SUBTOTAL of Itemized Independent Expenditures	387.46
	387.46
(a) SUBTOTAL of Itemized Independent Expenditures	387.46
<ul> <li>(a) SUBTOTAL of Itemized Independent Expenditures</li></ul>	387.46
<ul> <li>(a) SUBTOTAL of Itemized Independent Expenditures</li></ul>	on, consultation, or concert
<ul> <li>(a) SUBTOTAL of Itemized Independent Expenditures</li></ul>	on, consultation, or concert

ITEMIZED INDEPENDENT EXPENDITU	RES				PAGE 120 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER V
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour repor	t New re	port Amends repo		Л — М	/ D = D / Y = Y = Y = Y
Full Name of Payee		Memo It	em Date	of Publ	ic Distribution/Dissemination
MH Media, LLC			Duto	11 <sup>1</sup>	/ D D / Y Y Y Y 09 / 2015
Mailing Address 282 35th Street			Amou	_	
City	State	Zip Code			581.18
Avalon	NJ	08202			D: SE.5015 ursement or Obligation
Purpose of Expenditure Mobile advertising (production cost)		Category/ Type 004		11 <sup>M</sup>	/ D D / Y Y Y Y 11 2015
Name of Federal Candidate		Support	Office Soug	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	ent [	Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		5602.53	Disbursemer		Primary General
Full Name of Payee		Memo Ite			pecify) ►
MH Media, LLC			Date	M M	/ D D / Y Y Y
Mailing Address 282 35th Street			Amo	11 Int	09 2015
	Otata	Zin Oada			1356.08
City Avalon	State NJ	Zip Code 08202			D : SE.5017 Dursement or Obligation
Purpose of Expenditure Mobile advertising (production cost)		Category/ Type 004		M M 11	/ D D / Y Y Y Y 11 2015
Name of Federal Candidate		Support	Office Soug	ht:	House District:
Lindsey O. Graham		Oppose	X Presid	lent [	Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 7	13385.27	Disburseme 2016		Primary General
<ul> <li>(a) SUBTOTAL of Itemized Independent Expe</li> <li>(b) SUBTOTAL of Unitemized Independent Ex</li> </ul>					1937.26
(b) SUBTOTAL OF OHIGHNIZED INdependent LX	penditures			-7	
(c) TOTAL Independent Expenditures				-7	
Under penalty of perjury I certify that the inder with, or at the request or suggestion of, any c party committee) any political party committee	andidate or authorize				
William L. Bethea Jr.	[Electro	nically Filed] Date	M M /	02	/ Y Y Y Y 2016
Signature				<u> </u>	

TEMIZED INDEPENDENT EXPENDITU	RES				PAGE 121 OF 124 FOR LINE 24 OF FORM 3X
				FEC I	DENTIFICATION NUMBER V
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour repor	rt 🗌 New re	port Amends repo		M = M	/ D = D / Y = Y = Y = Y
Full Name of Payee MH Media, LLC		🗌 Memo It	em Date	of Publ	ic Distribution/Dissemination
· · · · · · · · · · · · · · · · · · ·			[	11	/ D D / Y Y Y Y 2015
Mailing Address 282 35th Street			Amou	unt	
City	State	Zip Code			1743.53
Avalon	NJ	08202			D: SE.5018 pursement or Obligation
Purpose of Expenditure Mobile advertising (production cost)		Category/ Type 004		11 <sup>M</sup>	/ D D / Y Y Y Y 11 / 2015
Name of Federal Candidate		Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	ent	Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		12176.65	Disbursemer 2016		Primary General
	yy	Memo Ite			pecify) ►
Full Name of Payee MH Media, LLC			Date	of Pub	lic Distribution/Dissemination
Mailing Address			— L	11	09 2015
282 35th Street			Amo	unt	
City	State	Zip Code			5230.56
Avalon	NJ	08202			D: SE.5020 bursement or Obligation
Purpose of Expenditure Mobile advertising (production cost)		Category/ Type 004		M M 11	/ D D / Y Y Y Y 11 2015
Name of Federal Candidate		Support	Office Soug	ht:	House District:
Lindsey O. Graham		Oppose	X Presid	lent	Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		31899.00	Disburseme		Primary General
	nditures		2016		Primary Gene specify) ► 6974.09
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	-7	
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any c party committee) any political party committee	andidate or authorize				
William L. Bethea Jr.	[Electro	nically Filed] Date	M M /	02	2016
Signature				Lī	

ITEMIZED INDEPENDENT EXPEND	ITURES			PAGE 122 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER V
Security Is Strength PAC				C C00573733
Check if 24-hour report 48-hour re	eport New r	report Amends repo		
Full Name of Payee		Memo l	tem Date	of Public Distribution/Dissemination
Wilson Grand Communications			P	11 25 2015
Mailing Address 429 St. Asaph Street			Amou	
City	State	Zip Code		500000.00
Alexandria	VA	22314		action ID : SE.5006 of Disbursement or Obligation
Purpose of Expenditure Cable advertising (placement)		Category/ Type 004		11 / 23 / 2015
Name of Federal Candidate		Support	Office Sough	ht: House District:
Lindsey O. Graham		Oppose	X Presid	dent Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		2603908.86	Disbursemer 2016	nt For: X Primary General Dther (specify) >
Full Name of Payee		Memo Ite	em Date	of Public Distribution/Dissemination
Wilson Grand Communication	าร		- I F	M M / D D / Y Y Y Y 11 25 2015
Mailing Address 429 St. Asaph Street			Amo	
City	State	Zip Code		250000.00
Alexandria	VA	22314		action ID : SE.5007 of Disbursement or Obligation
Purpose of Expenditure Cable advertising (placement)		Category/ Type 004		11 / D D / Y Y Y Y Y 11 23 2015
Name of Federal Candidate		Support	Office Soug	ht: House District:
Lindsey O. Graham		Oppose	X Presic	dent Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		2853908.86	Disburseme 2016	nt For: X Primary General
(a) SUBTOTAL of Itemized Independent E	xpenditures		•••	750000.00
(b) SUBTOTAL of Unitemized Independen	t Expenditures		••	
(c) TOTAL Independent Expenditures			•••	
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authoriz			
William L. Bethea Jr.	[Electi	ronically Filed] Date	e 06 /	02 / Y Y Y Y 02 2016
Signature				

TEMIZED INDEPENDENT EXPENDITU	RES				PAGE 123 OF 124 FOR LINE 24 OF FORM 3X
				FEC I	DENTIFICATION NUMBER V
Security Is Strength PAC				С	C00573733
Check if 24-hour report 48-hour report	t 🗌 New r	eport Amends repo		1 = M	/ D = D / Y = Y = Y = Y
Full Name of Payee		Memo It	em Date	of Publi	ic Distribution/Dissemination
Wilson Grand Communications				11 <sup>1</sup>	/ D D / Y Y Y Y 25 2015
Mailing Address 429 St. Asaph Street			Amou	unt	
City	State	Zip Code			5000.00
Alexandria	VA	22314			D : SE.5005 ursement or Obligation
Purpose of Expenditure Cable advertising (production)		Category/ Type 001		11 <sup>M</sup>	/ <u>25</u> / <u>2015</u>
Name of Federal Candidate		X Support	Office Sough	nt:	House District:
Lindsey O. Graham		Oppose	X Presid	L	Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		2887404.86	Disbursemer 2016		✓ Primary General pecify) ►
Full Name of Payee		Memo Ite			ic Distribution/Dissemination
Wilson Grand Communications			- E	11	/ D D / Y Y Y Y 25 2015
Mailing Address 429 St. Asaph Street			Amou	_	
City	State	Zip Code			250000.00
Alexandria	VA	22314			D : SE.5008 pursement or Obligation
Purpose of Expenditure Cable advertising (placement)		Category/ Type 004		M 11	/ D_D_ / Y Y Y Y 25 / 2015
Name of Federal Candidate		X Support	Office Soug	ht:	House District:
Lindsey O. Graham		Oppose	X Presid	lent [	Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		3137404.86	Disbursemer 2016		Primary General
(a) SUBTOTAL of Itemized Independent Exper			•	Other (s	255000.00
(b) SUBTOTAL of Unitemized Independent Exp	penditures		• •	-7	
(c) TOTAL Independent Expenditures				-7	
Under penalty of perjury I certify that the inder with, or at the request or suggestion of, any ca party committee) any political party committee	andidate or authoriz				
William L. Bethea Jr.	[Electr	conically Filed] Date	06 /	02	/ 2016
Signature				<u> </u>	

ITEMIZED INDEPENDENT EXPENDITURES		PAGE 124 OF 124 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER V
Security Is Strength PAC		C C00573733
Check if 24-hour report 48-hour report New re	port Amends report file	ed on
Full Name of Payee Wilson Grand Communications	Memo Item	Date of Public Distribution/Dissemination
		11 25 2015
Mailing Address 429 St. Asaph Street		Amount
City State	Zip Code	10000.00
Alexandria VA	22314	Transaction ID : SE.5009 Date of Disbursement or Obligation
Purpose of Expenditure Cable advertising (production)	Category/ Type 004	11 / D D / Y Y Y Y 2015
Name of Federal Candidate	Support Offi	ce Sought: House District:
Lindsey O. Graham	Oppose D	President Senate State: NH
Calendar Year-To-Date		bursement For: X Primary General
Per Election for Office Sought	3147404.86 201	Other (specify) ►
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
		M M / D D / Y Y Y Y
Mailing Address		Amount
	7: 0 1	
City State	Zip Code	
Purpose of Expenditure		Date of Disbursement or Obligation
	Category/ Type	
Name of Federal Candidate	Support Off	ice Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date	Dis	bursement For: Primary General
Per Election for Office Sought		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	•	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
	,	
(c) TOTAL Independent Expenditures	•	3466896.70
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
William L. Bethea Jr. [Electro	nically Filed]	06 02 <u>Y Y Y Y Y</u>
Signature	Date	